Total Rewards Total You

Employer Sponsored

Group Benefits

Contract Year
July 1, 2026
through
June 30, 2027

ONE ALBUQUERQUE human resources

City of Albuquerque

Table of Contents

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

ONE ALBUQUERQUE

City of Albuquerque employees,

We are excited to introduce you to the **Total Rewards, Total You** program, designed to enhance your overall work experience and recognize your dedication to serving our community. As part of our commitment to fostering a supportive and rewarding work environment, we believe that Total Rewards should encompass much more than just a paycheck. This program reflects our focus on both the tangible and intangible benefits you receive as a valued member of the City of Albuquerque.

The Total Rewards, Total You program offers a holistic approach, combining various elements that are designed to support your well-being, professional development, and work-life balance. It includes:

1. **Compensation**: Competitive salary structures that align with your role and contributions.
2. **Benefits**: Comprehensive health, dental, vision, basic life, and retirement benefits tailored to your needs, as well as a wide variety of voluntary benefits to choose from.
3. **Work-Life Balance**: Generous leave policies, including vacation, sick leave, birthdays, and holidays.
4. **Career Development**: Opportunities for training, growth, and advancement to help you reach your full potential, including tuition reimbursement.
5. **Recognition**: Acknowledgment of your hard work and commitment through performance management, awards, and other forms of recognition.
6. **Wellness Programs**: Resources and initiatives to support your physical, mental, and financial well-being.

We believe that these elements, along with your own contributions and dedication, will foster an environment where you can thrive both professionally and personally. We are proud to have you as part of our team and are committed to your success.

As we continue to build out and improve this program, your input will be vital. Please take the opportunity to participate in surveys and share your feedback. To learn more about the Total Rewards, Total You program, please visit cabq.gov/humanresources/totalrewards.

We look forward to supporting you on your journey here with us.

Sincerely,

The Total Rewards, Total You Team

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 disabled 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	Auto & Home Insurance
Dental Insurance	Legal Insurance
Vision Insurance	Short Term Disability Insurance
Term Life Insurance	Long Term Disability Insurance
Short Term Loan Program	Accident/Critical Illness 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.**

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** - Most Recent Tax Return or
  - Marriage Certificate and 2 joint financial statements
    - If you do not share finances, 2 individual financial statements from you and 2 from your spouse will be accepted.
      - Each statement from you and your spouse must have the same home address
      - Statements must be from different institutions, or from different accounts in the same institution.
      - Must be dated within the past 60 days.

- **Domestic Partnership* meeting eligibility requirements** – Notarized Affidavit of Domestic Partnership and three proofs of financial interdependence – see below for more information on Domestic Partnership
- **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/ Proof of birth is acceptable to add your dependent. Birth certificate is required upon receipt
- **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.
  - Most Recent Tax Return or
  - Marriage Certificate and 2 joint financial statements

- Birth Certificate for Dependent Child(ren)
- Court Order
- **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

***Additional Information on Domestic Partnership**

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 (3)** of the following documents are also required. At least **one (1)** of them must be dated **at least twelve (12) months prior** to the Affidavit of Domestic Partnership, and the other **two (2)** must be dated **within the last sixty (60) days** to support their declaration of commitment and financial interdependence.

- Joint lease/mortgage
- Jointly owned/insured motor vehicle
- Jointly owned tangible major asset
- Jointly owned bank/credit account
- Domestic partner named as primary beneficiary in the employee's will
- Domestic partner named as beneficiary of the employee's life insurance **or** pension retirement benefits
- 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

Providing false information may result in disciplinary action, loss of benefits, and/or reimbursement to the City and insurer of costs involved in providing benefit coverage.

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 at cabq.gov/benefits.

Change in Domestic Partnership

Employees are required to notify the City of Albuquerque Human Resources Department in writing within **thirty-one (31) days** of any change in their domestic partnership status (for example, if they no longer share the same principal residence) or if they wish to terminate domestic partner 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. Address changes in ESS will automatically be communicated to the vendors. 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 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. 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 the 1st paycheck containing July 1st, 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.

- **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 court endorsement on the divorce decree.
  - 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. Town of Bernalillo), may be double covered on medical, dental, vision or voluntary benefits. The only exception to this is when you or your spouse/domestic partner is retiring or terminating 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 reviewed 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.

City of Albuquerque
Biweekly Insurance Rates FY2027
July 1, 2026 - June 30, 2027

Medical Insurance	Employee pays 20% City pays 80%		
Blue Cross Blue Shield/UnitedHealthcare			
	Employee*	City	Total
Single	63.59	254.35	317.94
Couple	129.38	517.52	646.90
S/Parent	102.14	408.58	510.72
Family	186.72	746.90	933.62
Gym Plan Add-On			
One Pass Select (After Tax Deduction)			
	Employee*	City	Total
Flat Rate	2.31	1.90	4.21

Vision Insurance	Employee pays 20% City pays 80%		
Davis Vision			
	Employee*	City	Total
Single	0.38	1.52	1.90
Couple	0.76	3.04	3.80
S/Parent	0.81	3.25	4.06
Family	1.32	5.29	6.61

Short-Term Disability Insurance	Employee Paid
Mutual of Omaha	Weekly Benefit = 60% base salary
Rate per $10 of Weekly Benefit	
All Ages - BW Rate	
0.1482	

Long-Term Disability Insurance	Employee Paid
Mutual of Omaha	Monthly Benefit = 60% base salary
Age	Rate per $100 of Monthly Salary
	BW Rate*
<30	0.1006
30-39	0.1560
40-44	0.2058
45-49	0.2958
50-54	0.3854
55-59	0.4597
60+	0.4754

Accident Insurance	Employee Paid
The Hartford	BW Rates*
Single	2.85
Couple	4.48
S/Parent	4.86
Family	7.60

Critical Illness Insurance		Employee Paid
Benefit Amount	$15,000	$30,000
Single	7.39	14.46
Couple	11.43	22.21
S/Parent	8.35	16.12
Family	12.55	24.15

Dental Insurance	Employee pays 20% City pays 80%		
Blue Cross Blue Shield Dental			
	Employee*	City	Total
Single	2.89	11.56	14.45
Couple	5.84	23.38	29.22
S/Parent	6.42	25.68	32.10
Family	8.69	34.76	43.45
Delta Dental			
	Employee*	City	Total
Single	3.18	12.71	15.89
Couple	6.43	25.71	32.14
S/Parent	7.06	28.25	35.31
Family	9.56	38.24	47.80

Legal Insurance	Employee Paid
ARAG Legal	Employee*
Single	7.92
Employee +1	9.87
Family	10.13

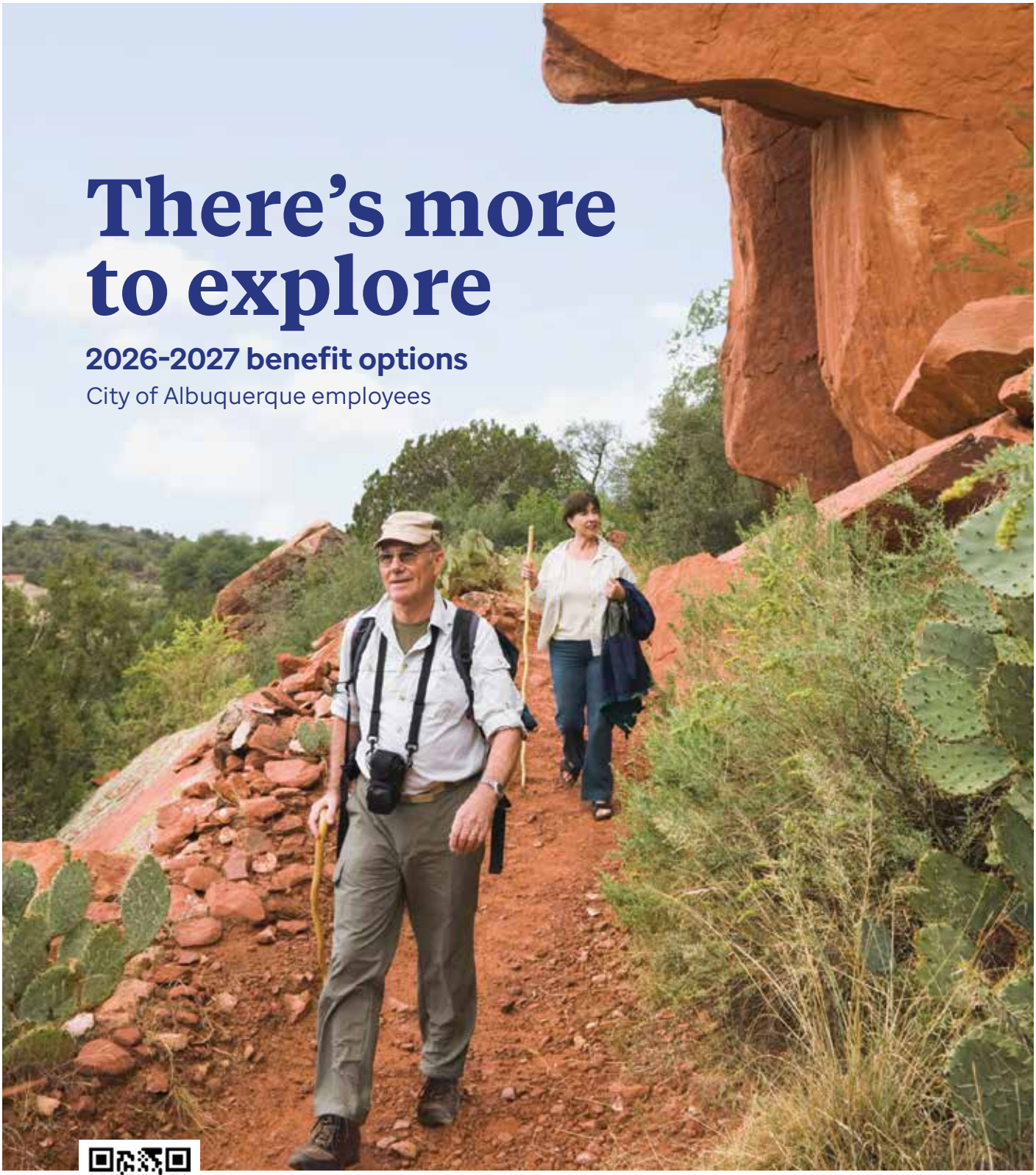
Basic Life and AD&D	
Mutual of Omaha (100% Paid by the City equal to 140% of gross annual salary up to a maximum of $50,000).	
Minimum	Maximum
$25,000	$50,000

Voluntary Term Life	Employee Paid	
Mutual of Omaha	Biweekly Rates Per $1,000	
Age	Smoker	Non Smoker
<30	0.0494	0.0212
30-34	0.0632	0.0291
35-39	0.1048	0.0498
40-44	0.1472	0.0771
45-49	0.2769	0.1532
50-54	0.4182	0.2298
55-59	0.6115	0.3337
60-64	0.7777	0.4311
65-69	1.1511	0.6452
70-74	2.1974	1.2198
75+	3.4117	1.8988

Mutual of Omaha Dependent Child Term Life	
Coverage	BW Rate
$2,500	0.28
$5,000	0.55
$7,500	0.83
$10,000	1.10

Flexible Spending Account	
P&A (medical, dependent care, parking or transit fee)	
$2.45	City Paid Monthly Flex and Debit Card

* Biweekly = monthly times 12 divided by 26



There's more to explore

2026-2027 benefit options

City of Albuquerque employees

whyuhc.com/cabq

United Healthcare

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A few stops to see along the way

- Network coverage with nationwide and UnitedHealth Premium® program providers
- Provider access with 24/7 Virtual Visits through **myuhc.com®** and the UnitedHealthcare® app
- Emotional support with a variety of behavioral health tools
- Support for families of children with special needs
- Dedicated Customer Service team to answer health and benefit questions
- Innovative technology with **myuhc.com** and the UnitedHealthcare app
- Personalized condition support for over 100 chronic conditions and catastrophic health events
- Access to the nation's leading health care facilities through our Centers of Excellence network programs

Find your perfect fit

Visit our pre-member website at **whyuhc.com/cabq,** where you can learn about the UnitedHealthcare benefits and services offered from the comfort of your own home or on the go. Using your computer or mobile device, you can learn about your health plans options, search for network providers, and learn about the physical and mental health programs available with both plans.

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Benefits wherever you wander

No matter which UnitedHealthcare plan you choose, you'll have access to our network of doctors and hospitals, including:

Access to our nationwide network of over **1.8 million** physicians and health care professionals and **5,600** hospitals

A local New Mexico network that includes over **12,300** health care providers and **40 + hospitals**

Access to visits with specialists without needing a referral

Access to behavioral health benefits including in-person and virtual visits plus digital self-help tools

The ability to see a doctor from the comfort of home with 24/7 Virtual Visits

Access to virtual primary care and tools to find and price care through **myuhc.com** and the **UnitedHealthcare app**

Tips for using your health plan

General tips

- Choose a network primary care physician (PCP)
- Schedule your preventive care with your physician; this is covered at no additional cost as long as you use network providers
- Avoid seeing out-of-network providers when possible as they will cost you more
- Register for **myuhc.com** to track expenses, find participating providers and compare costs
- Take advantage of your virtual care options

Health care terms

Coinsurance – Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service

Copay – A fixed amount you pay for a covered health care service, usually when you receive the service

Deductible – The amount you owe for health care services before your health plan begins to pay

Out-of-pocket maximum – The most money you have to pay for covered expenses in a plan year

For more health care term definitions, visit the Just Plain Clear® English and Spanish Glossary at **glossary.justplainclear.com.**

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Discover your options

You have 2 plans to choose from: the **EPO Plan** and the **PPO Plan.**

EPO Plan

- Preventive care is covered 100% when you see a network doctor
- You have network coverage with our nationwide network
- You will only have coverage in our network except in emergency situations. If you choose to see a doctor outside of our network, you will likely have to pay for services out of pocket.

PPO Plan

- Preventive care is covered 100% when you see a network doctor
- You have network coverage with our nationwide network
- You have out-of-network coverage, but those providers will likely charge you more and you will be responsible for making sure your claim is filed

Visit **whyuhc.com/cabq** to learn more.

Discover support, every step of the way

		What you can expect with UnitedHealthcare
	**Physician and provider quality**	You can compare best match recommendations to choose a provider that **fits your needs** and preferences on **myuhc.com**. You'll have access to patient reviews of providers and we measure your network provider options for quality.
	**Local care that feels familiar**	You can receive care that is familiar to you because we collaborate together with **local provider groups** within our national network that exist to meet you where you are and ease your transition of care
	**Personalized benefits**	You have an **end-to-end network of support** connecting on your behalf to deliver **benefits that are personalized and relevant** to you, which may lead to better health outcomes
	**Access to care**	You have **expanded access** to care across digital, virtual and in-person services, allowing for more **flexibility** with how and when you receive care
	**Member support**	You can connect quickly to **on-demand support** with an advocate, dedicated to **helping you every step of the way** with information you may need to get the most out of your benefits
	**Digital tools**	You can **manage claims, find a provider, share health plan ID cards** and more with our user-friendly tools, **myuhc.com** and the **UnitedHealthcare app,** tailored to meet you where you are in your health journey

A side-by-side comparison of plans

	EPO Plan	PPO Plan	
	Network	Network	Out of network
Plan year deductible	July 1 - June 30	July 1 - June 30	
Individual	$175	$175	$500
Family	$350	$350	$1,000
Out-of-pocket maximum			
Individual	$6,350	$6,350	$12,700
Family	$12,700	$12,700	$25,400
Preventive care services including preventive office visits, lab, radiology and other tests	No charge	No charge	40%*
24/7 Virtual Visits	No charge	No charge	Not covered
Primary care office visit PCP: General practice, family practice, OB/GYN, internal medicine and pediatrician	$35 copay per visit, deductible does not apply	$40 copay per visit, deductible does not apply	40%*
Specialist office visit	$60 copay per visit, deductible does not apply	$60 copay per visit, deductible does not apply	40%*
Behavioral health visit	$35 copay per visit, deductible does not apply	$40 copay per visit, deductible does not apply	40%*
Virtual Behavioral health visit	No charge	No charge	40%
Maternity services Includes initial office visit, prenatal and postnatal care	$35 copay for the first office visit; $750 copay* for inpatient hospital	$40 copay for the first office visit; $750 copay* for inpatient hospital	40%*
Outpatient speech, physical, and occupational therapy Up to 24 visits per year combined	$35 copay per visit, deductible does not apply	$40 copay per visit, deductible does not apply	40%*
Chiropractic and acupuncture Limited to 20 visits per year	$60 copay per visit, deductible does not apply	$60 copay per visit, deductible does not apply	40%*
Urgent care	$65 copay per visit*	$65 copay per visit*	$65 copay per visit*
Emergency room (ER copay waived if admitted)	$300 copay per visit*	$300 copay per visit*	$300 copay per visit*
Emergency medical transport	$50 ground/$100 air*	$50 ground/$100 air*	$50 ground/$100 air*
Inpatient hospital/skilled nursing	$750 copay*	$750 copay*	40%*
Outpatient surgery	$750 copay*	$750 copay*	40%*
Imaging	$75 CT scan copay/$125 MRI/ PET scan copay*	$75 CT scan copay/$125 MRI/PET scan copay*	40%*
Lab, X-ray, diagnostic - outpatient lab testing/ X-ray and other diagnostic	No charge	No charge	40%*
Durable medical equipment	50%*	50%*	50%*
Home health care	No charge	No charge	40%*

*After the Annual Medical Deductible has been met.

All individual deductible amounts will count toward the family deductible, but an individual will not have to pay more than the individual deductible amount.

All individual out-of-pocket maximum amounts will count toward the family out-of-pocket maximum, but an individual will not have to pay more than the individual out-of-pocket maximum amount.

Once you've met your deductible, you start sharing costs with your plan – coinsurance. You continue paying a portion of the expense until you reach your out-of-pocket limit. From there, your plan pays 100% of allowed amounts for the rest of the plan year.

Choosing a network doctor

From PCPs to specialists, UnitedHealthcare makes it simple to find a network provider who is the right fit for you. Start your search at **whyuhc.com/cabq.**

Through the website, you can search by doctor, facility name, type of service and more. Once you have narrowed your search, you will be able to see if the provider is accepting new patients, read patient reviews, get directions and log in to view costs.

Get to know the UnitedHealth Premium program

When choosing a doctor, look for providers who meet the UnitedHealth Premium quality care criteria, which includes safe, timely, effective and efficient care . Premium Care Physicians are listed with 2 blue hearts ♥♥ next to their names so you can choose with confidence, knowing these doctors:

- Had proven better outcomes
- Had fewer redo procedures
- Had lower complication rates
- Make the most of your health care dollars

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Understand preventive care

Preventive care is routine health care that is meant to help you stay healthy. When you schedule regular appointments and screenings, it may help you manage and maintain your health.

Preventive care is generally focused on the following

- Evaluating your health when you are symptom-free
- Receiving checkups and screenings
- Decreasing the risk of developing health issues even if you are in the best shape of your life

Understand the difference between preventive care and diagnostic care

- Preventive care is designed to help you stay healthy, and is covered by your health plan with $0 out-of-pocket when you see a network provider
- Costs may be incurred for diagnostic care based on plan coverage. Check your plan documents for additional details.

When is care considered preventive?

A procedure can be considered preventive care in some situations, but not in others. This is important, because a service has to be considered preventive in order to be exempt from copays, coinsurance or deductibles. If it's not, these charges may apply.

Preventive care example

A woman has an annual wellness exam and receives blood tests to screen for anemia, kidney and liver function, and has a urine analysis done. If the physician orders lab work during a preventive care visit, some of the tests may be covered as preventive care, such as a cholesterol screening.

Preventive care is important because

- Regular preventive care visits and health screenings may help to identify potential health risks for early diagnosis and treatment
- Helping prevent disease and detecting health issues at an early stage is essential to living a healthier life
- Following preventive care guidelines — and your doctor's advice — may help you to stay healthier. Be sure to discuss specific health questions and concerns with your doctor.

Preventive Care

Preventive care includes routine well exams, screenings and immunizations intended to prevent or avoid illness or other health problems.

Diagnostic Care

Diagnostic care includes care or treatment when you have symptoms or risk factors and your doctor wants to diagnose them.

Diagnostic care example

Other blood chemistry panels, like an anemia screening in a non-pregnant woman, a kidney or liver function test and urinalysis, would not be covered as preventive care. The woman would be responsible for any deductible, coinsurance or copayment that may be applicable based on her benefit plan.

When a service is performed for preventive screening reasons and is appropriately reported, it will be covered under the Preventive Care Services benefit. Check your plan documents and consult with your health care provider prior to having the service performed if you have questions.

Find a provider on **myuhc.com** or the **UnitedHealthcare app.** Or if you need help, call **1-844-865-3663.**

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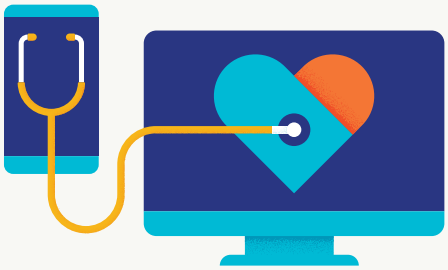
Your North Star for everything benefits related

With **myuhc.com,** you can find answers to questions about your benefits, claims and health information. It's personalized for you and simple to use.



Choose where to go for services

- Search for a provider, clinic, hospital or lab based on location, specialty, quality, cost, services and more
- View patient ratings
- Estimate treatment costs
- Review your choices and choose where to go for service

Manage your claims

- See the current status of your claims as well as claims history
- Access features to help you track and manage your claims, such as the ability to add personalized notes
- Depending on your plan and if you do owe your health care provider, you may be able to send payment from the site

Learn more about your benefits and available resources

- Get tips on living healthier and using health plan benefits to your advantage
- Get reminders when it's time for check-ups or treatments
- Get suggestions on when to get immunizations, well visits, routine tests or lab work

Access your plan from anywhere

Whether you're out on the trail or at home, the **UnitedHealthcare app** offers convenient access to all of your plan information. Download the app to:

- Find nearby care options in the network
- Estimate costs
- Video chat with a doctor 24/7*
- View and share your health plan ID card
- See your claim details and view progress toward your deductible

*Data rates may apply.

Have an unexpected medical bill?

Naviguard® is available at no additional cost to you through your UnitedHealthcare health plan benefits. Naviguard can help resolve unexpected out-of-network medical bills over $300 by negotiating directly with providers.*

What you need to know about the No Surprises Act

The No Surprises Act will protect you from balance billing for certain emergency situations, air ambulance and when an out-of-network provider provides services at a network facility. Naviguard may be able to help you resolve unexpected medical bills for services not covered by the No Surprises Act.

Call us before you pay anything

When you receive an unexpected out-of-network bill, call **1-844-865-3663.** UnitedHealthcare member services will initiate your case with Naviguard, and they'll help you navigate the resolution process.

Naviguard

Your partner in health care billing resolution.

Here are 2 options for how to get started:

1. Go to **naviguard.com/uhc-member**
2. Call UnitedHealthcare member Services at **1-844-865-3663**

Use this card to call us before you pay anything

We'll be with you every step of the way

1 Call

If you or a family member has an out-of-network (OON) service not covered by the No Surprises Act, you will receive an Explanation of Benefits (EOB) and then a balance bill. Call UnitedHealthcare to get started with Naviguard.

2 Connect

You will be connected with a dedicated Naviguard advisor. You'll meet with their advisor to share your story, upload the OON bill and sign some forms so we can begin negotiating on your behalf.

3 Negotiate

Your dedicated Naviguard advisor begins negotiations with the OON provider while keeping you up to date on progress.

4 Outcome

Your Naviguard Advisor sends you a record of the process and the final outcome of negotiations. A new EOB may also be sent.

*For situations where the billed amount is above a certain amount.

ONE ALBUQUERQUE

Discover ways to find more care

Helping you stay healthy

Need help managing a chronic condition?

A Disease Management nurse can help. Our Disease Management programs offer personalized support.

If you need long-term support after a hospitalization or a catastrophic health event, a case management nurse can help you explore care options and provide resources for more than 100 chronic conditions.

Our Condition Management Programs are now more convenient with digital applications and messaging for a more integrated relationship with your nurse.

See a call from us?

We want to help you improve your health and understand your benefits. We may call you if:

- You or a family member has a serious or chronic medical condition
- You or a family member was recently hospitalized
- You are pregnant

If you see that UnitedHealthcare is calling, please answer. We're here to help.

Cancer Support Program

The cancer support program helps increase quality of care when you are facing cancer. The program provides you with:

- Access to quality providers
- Support from a personal care nurse, including clinical and psych-social support, to help understand their needs and the needs of their family
- Information to help you make informed health care decisions and adhere to treatment plans
- Additional services offered by the program include access to social workers for financial, transportation, child care and other concerns

Call us with your questions

The UnitedHealthcare Advocate Team is here to help with any questions and concerns you may have, such as:

- Improving your health, managing a chronic condition and understanding complex medical issues
- Understanding how your health plan works
- Getting answers about your health accounts, a recent claim or how much you can expect to pay
- Finding a network provider, getting a new ID card or saving on health care costs – and much more

Have a child with complex medical needs?

A single point of contact provides more streamlined and compassionate support for your entire family and can help remove barriers that stand in the way of the medical, behavioral and pharmacy help your child needs. Your advocate can help:

- Provide support for insurance and payment, social needs, family well-being and care delivery
- Identify potential issues and provide alternatives
- Provide planning for the future
- Coordinate community and regional resources
- Provide faster access to services without frustration and confusion

To learn more, visit **myuhc.com.**

Your guide to behavioral health resources

If you or a family member is struggling with a situation that is having a negative impact on your mental health, don't go it alone. UnitedHealthcare offers access to more resources that can help.

Live and Work Well	Live and Work Well offers support for stressful situations such as: • Anxiety and stress • Alcohol and drug use • Grief and loss • Marital problems • Eating disorders • Compulsive spending or gambling • Medication management	Visit **liveandworkwell.com**
Talkspace	Communicate with a licensed therapist via live video using your phone or desktop computer. No office visit is required, and you can start therapy within hours of choosing a therapist. It's confidential and convenient. Your behavioral health benefit applies as an office visit for each week.	Register at **talkspace.com/connect** • Select **UnitedHealthcare** under **Use my Insurance Benefits** • Click **Get Started** • Have your health plan ID card ready to verify your information
Behavioral health support	From everyday challenges to more serious issues, receive confidential help from a psychiatrist or therapist for: • Depression, stress and anxiety • Substance use and recovery • Eating disorders • Parenting and family problems You can schedule a visit in person or virtually.	To schedule a behavioral health virtual visit: • Sign in to **myuhc.com** • Select **Find Care and Costs > Virtual Care** • Choose **Get Started** for Virtual Behavioral Care To schedule an in-person visit on **myuhc.com,** select **Find Care and Costs > Behavioral Health Directory.**
Calm Health	Get access to the most popular features of the Calm app and much more with Calm Health. Available through your benefits at no additional cost to you, it includes content written by licensed psychologists. Work at your own pace toward well-being goals like: • Better sleep • Building skills to manage stress • Developing resiliency • Starting and building a mindfulness habit	To get started • Sign in to **myuhc.com** • Go to Coverage & Benefits > Mental Health
ABA therapy	Applied behavior analysis (ABA) therapy – included as part of your benefits – uses behavioral principles to teach children skills and behaviors they may not otherwise learn on their own.	Call **1-844-865-3663** TTY **711**
Substance use treatment	If you or someone you love is struggling with substance use, call the Substance Use Treatment Helpline. It's available 24/7 as part of your benefits and is completely confidential – you can even remain anonymous. You can also receive confidential alcohol and drug addiction help via text with the Crisis Text Line. Crisis counselors are available 24/7.	To speak with a recovery advocate, call **1-855-780-5955.** Or visit **liveandworkwell.com/recovery** to find care options and resources. To get started with the Crisis Text Line, text "Home" to 741741.

ONE ALBUQUERQUE

Access Transplant Resource Services

If you need help with a transplant, our Centers of Excellence are designed to help you take care of all transplant-related services including travel and lodging assistance and hospital and physician charges. To learn more or get started, call **1-844-865-3663,** TTY **711.**

Support for muscle and joint pain

Hinge Health is a digital app for joint and muscle pain. Our TrueMotion™ technology is designed to help offer exercise therapy tailored to you. Plus, you get a team of physical therapists and board-certified health coaches to help you manage your joint and muscle pain. Learn more at **hingehealth.com/for-individuals** or call **1-855-902-2777.**

Connect to community resources

Sometimes life can present real challenges – from not having enough food for you and your family to not being able to make ends meet to not being sure if you have a home to live in. It's not always easy to reach out for help, or even know where to begin to find it. Now you can connect to local programs and services that are available to you at $0 or reduced cost. Visit **uhchealthierlives.com** or call **1-844-865-3663,** TTY **711.**

Notice

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: UHC_Civil_Rights@uhc.com

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج على بطاقة العضوية الخاصة بك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते है, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yáníłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dęę' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

ONE ALBUQUERQUE

What's on your mind?

If you have any questions – from finding a network provider to learning more about what's covered in a health plan – please visit us online or give us a call.

whyuhc.com/cabq

1-844-865-3663, TTY **711**

This document includes general information about your medical benefit plan. This summary is not a plan document under which the plan is maintained and administered. Any discrepancies between this information and your plan documents will be governed by the plan documents. The benefits described on this website are subject to change at any time.

24/7 Virtual Visits is a service available with a provider via video, or audio-only where permitted under state law. It is not an insurance product or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

The UnitedHealth Premium® program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at myuhc.com®. You should always visit myuhc.com for the most current information. **Premium designations are a guide to choosing a physician and may be used as one of many factors you consider when choosing a physician. If you already have a physician, you may also wish to confer with him or her for advice on selecting other physicians. You should also discuss designations with a physician before choosing him or her. Physician evaluations have a risk of error and should not be the sole basis for selecting a physician.** Please visit myuhc.com for detailed program information and methodologies.

Disease Management programs and services may vary by location and are subject to change with written notice. UnitedHealthcare does not guarantee availability of programs in all service areas and provider participation may vary. Certain items may be excluded from coverage and other requirements or restrictions may apply. If you select a new provider or are assigned to a provider who does not participate in the Disease Management program, your participation in the program will be terminated. Self-Funded or Self-Insured Plans (ASO) covered persons may have an additional premium cost. Please check with your employer.

Calm Health is not available to UnitedHealthcare E&I Fully Insured customers/members in District of Columbia, Maryland, New York, Pennsylvania, Virginia and West Virginia until a later date due to regulatory filings.

The information provided under Maternity Support is for general informational purposes only and is not intended to be nor should be construed as medical and/or nutritional advice. Participants should consult an appropriate health care professional to determine what may be right for them. If you believe you may have an emergency medical condition, you should seek immediate care at an emergency department or call 911. Employers are responsible for ensuring that any wellness programs they offer to their employees comply with applicable state and/or federal law, including, but not limited to, GINA, ADA and HIPAA wellness regulations, which in many circumstances contain maximum incentive threshold limits for all wellness programs combined that are generally limited to 30 percent of the cost of self-only coverage of the lowest-cost plan, as well as obligations for employers to provide certain notices to their employees. Employers should discuss these issues with their own legal counsel.

The Centers of Excellence (COE) program providers and medical centers are independent contractors who render care and treatment to health plan members. The COE program does not provide direct health care services or practice medicine, and the COE providers and medical centers are solely responsible for medical judgments and related treatments. The COE program is not liable for any act or omission, including negligence, committed by any independent contracted health care professional or medical center.

One Pass Select is a voluntary program featuring a subscription-based nationwide gym network, digital fitness and grocery delivery service. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. Individuals should consult an appropriate health care professional before beginning any exercise program and/or to determine what may be right for them. Purchasing discounted gym and fitness studio memberships, digital fitness or grocery delivery services may have tax implications. Employers and individuals should consult an appropriate tax professional to determine if they have any tax obligations with respect to the purchase of these discounted memberships or services under this program, as applicable.

Advocate services should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through Advocate (Advocate4Me) services is for informational purposes only and provided as part of your health plan. Wellness nurses, coaches and other representatives cannot diagnose problems or recommend treatment and are not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. Advocate services are not an insurance program and may be discontinued at any time.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

All trademarks are the property of their respective owners.

The information provided herein is for informational purposes only as part of your health plan. It is not a substitute for your doctor's care. Please discuss with your doctor how the information provided is right for you. Always refer to your plan documents for specific benefit coverage and limitations or call the toll-free member phone number on your health plan ID card. Your personal health information is kept private in accordance with your health plan's privacy policy.

This document includes general information about your medical benefit plan. This summary is not a plan document under which the plan is maintained and administered. Any discrepancies between this information and your plan documents will be governed by the plan documents. The benefits described on this website are subject to change at any time.

All trademarks are the property of their respective owners.

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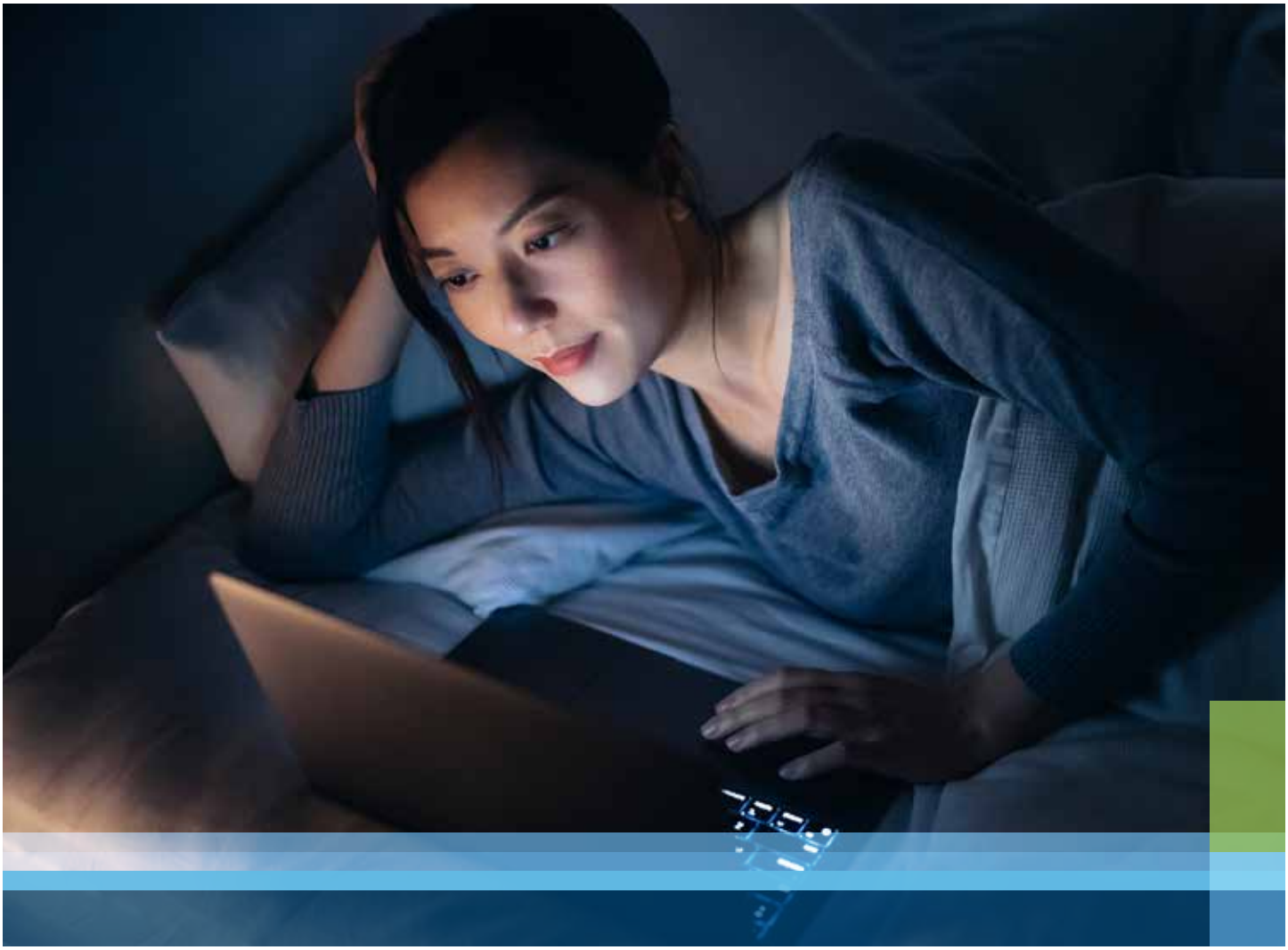

Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE®, the doctor is always in. This Blue Cross and Blue Shield of New Mexico (BCBSNM) benefit gives you access to 24/7 non-emergency care from a board-certified doctor or therapist by phone, online video or mobile app from almost anywhere.

Skip expensive ER bills and waiting to see a doctor. You can speak with a Virtual Visits doctor within minutes.

Services are available in both English and Spanish with translation services available in other languages.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Powered by MDLIVE

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Why Virtual Visits?

- 24/7 access to an independently contracted, board-certified doctor or therapist
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- Doctors can send e-prescriptions to your local pharmacy

The Virtual Visits benefit is a convenient alternative for treatment of more than 80 health conditions, including:

- Allergies
- Cold/Flu
- Fever
- Headaches
- Nausea
- Sinus infections

Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- Depression
- Eating disorders
- ADHD
- Substance use disorders
- Trauma and PTSD
- Autism spectrum disorder

First, call your doctor's office; they may also offer telehealth consultations by phone or online video. If you have any questions about this or any other BCBSNM benefit, please call the number on the back of your ID card.

Virtual Visits may be limited by plan. For providers licensed in New Mexico and the District of Columbia, Urgent Care service is limited to interactive online video; Behavioral Health service requires video for the initial visit but may use video or audio for follow-up visits, based on the provider's clinical judgment. Behavioral Health is not available on all plans.

MDLIVE is a separate company that operates and administers Virtual Visits for Blue Cross and Blue Shield of New Mexico. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

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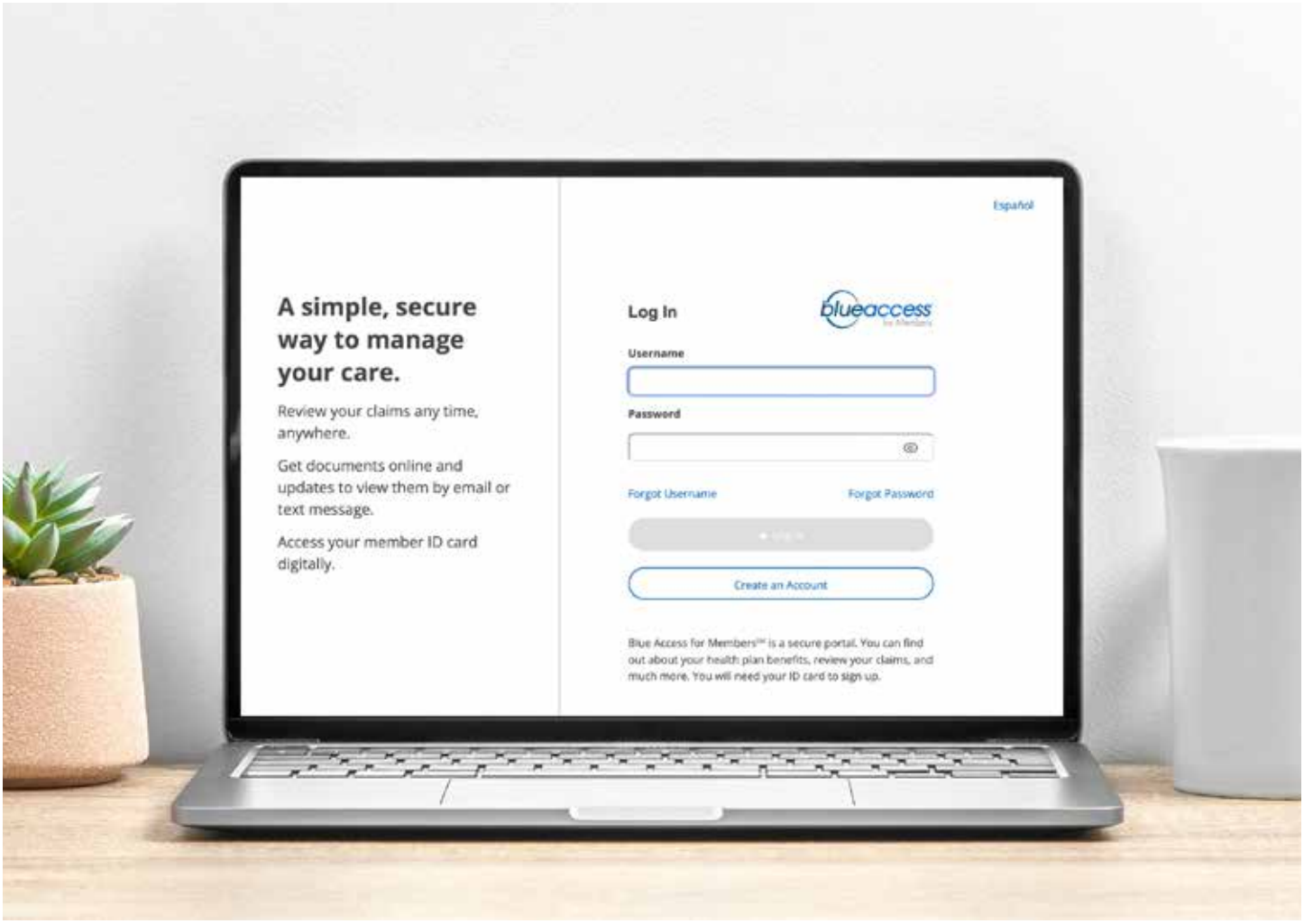
BlueCross BlueShield of New Mexico



Your health at your fingertips

Get information about the cost of procedures, find a doctor or request an ID card. You can do it all – simply and securely – on Blue Access for Members℠ (BAM℠).

With BAM, you can:

- Find in-network doctors and hospitals.
- Once registered, view, print or download your member ID card.
- Review your benefits and dependent coverage.
- Covered dependents age 18 and over can have their own BAM accounts.

SCAN ME

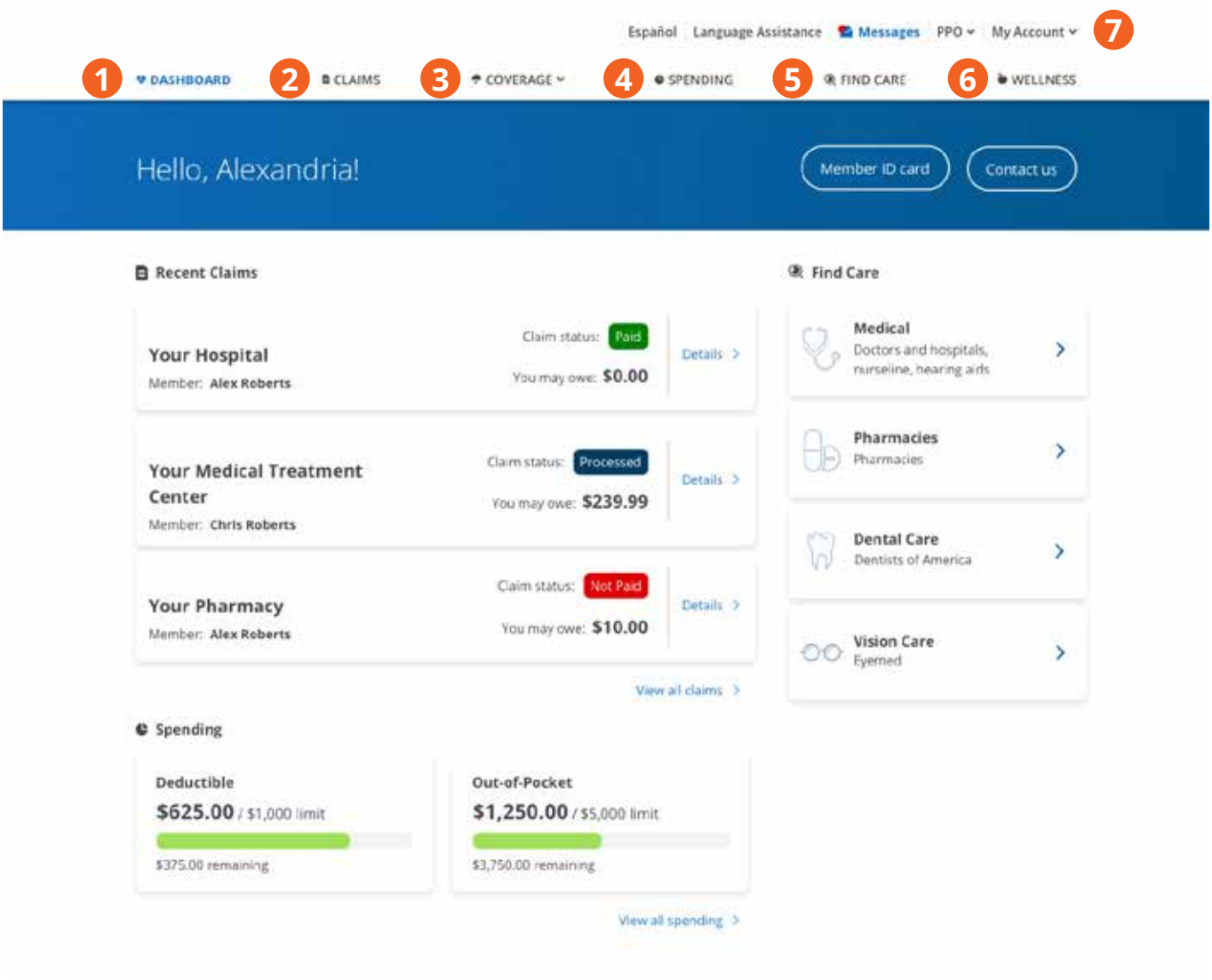
Scan this QR code to visit bcbsnm.com.

Let's get started

1. Go to **bcbsnm.com**.
2. Log in or sign up using your member ID card to complete your registration.

ONE ALBUQUERQUE

Navigation has never been easier



1. **Dashboard** – See your family's claims and health care spending at a glance, order an ID, navigate the site quickly and easily.
2. **Claims** – View quick claims summaries or download your Explanation of Benefits (EOB).
3. **Coverage** – See benefit highlights for your medical, dental and pharmacy plans.
4. **Spending** – Keep track of your deductible and out-of-pocket expenses.
5. **Find Care** – Find in-network doctors, hospitals and other health care providers quickly and easily.
6. **Wellness** – Take control of your wellbeing with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.
7. **My Account** – Use this menu for everything else: View your health history, update your profile and preferences, sign up for electronic EOBs, find claim forms, manage privacy preferences and contact us.

BlueCross BlueShield of New Mexico

Blue365
Because health is a big deal®

Blue365

A Discount Program for You

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of New Mexico (BCBSNM) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at **blue365deals.com/bcbsnm**, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed® | Davis Vision®

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing® | Beltone™ | Start Hearing

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental Solutions℠

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Sun Basket | Nutrisystem®

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbsnm.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation,

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Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

For more great deals or to learn more about Blue365, visit blue365deals.com/bcbsnm.

The relationship between these vendors and Blue Cross and Blue Shield of New Mexico (BCBSNM) is that of independent contractors. BCBSNM makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a $9.95 signup and $6 monthly fee.

Blue365 is a discount program only for BCBSNM members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSNM does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSNM reserves the right to stop or change this program at any time without notice.

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ONE ALBUQUERQUE

BlueCross BlueShield of New Mexico

24/7 Nurseline

Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.

Call the 24/7 Nurseline number on the back of your member ID card.
Hours of Operation: Anytime

For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

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ONE ALBUQUERQUE

BlueCross BlueShield of New Mexico

galileo

High-quality primary care that's always available

Galileo is in-network with
Blue Cross and Blue Shield of New Mexico
employer group (Pre-Medicare) plans

How Galileo Works

- **Connect with real doctors anytime** via video or chat on the Galileo app (available in English & Spanish).
- **Get care for almost any health concern**, from everyday issues like acne and colds to ongoing conditions like anxiety and diabetes.
- **Prioritize your health** with an annual wellness visit over video.
- **Feel heard, not rushed.** Galileo providers take their time and listen to your questions and concerns.

"Your patient care and medical professionals always go above and beyond for me. They diagnose with accuracy. **I'm so thankful for this service.**"

–Galileo Member

With Galileo, you can get:

- 24/7/365 access to your care team
- Personalized care coordination
- Phone, text, and video-based care
- Quick prescriptions, labs and specialist referrals
- Multidisciplinary team & built-in second opinions
- Complex care & chronic condition management
- Virtual treatment for most conditions
- Annual wellness visits & preventive care
- Virtual urgent care

Enroll now:

Scan the QR code with your phone camera or visit: galileo.health/bcbsnm

Need help?

Call: (855) 648-8859

Email: support@galileohealth.com

Galileo is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide care and disease management, health information content, member health platform and tools, mental health administration/network and wellness for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Blue Cross and Blue Shield of New Mexico, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

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ONE ALBUQUERQUE

BlueCross BlueShield of New Mexico

Get The Right Care for Your Mental Health

We know everyone's mental health journey is one-of-a-kind.

Our new Mental Health Hub can help guide you to the best care for your needs. The Hub is an online tool that provides access to mental health providers, videos, podcasts, articles and more!

It covers 200+ mental health and wellbeing topics such as:

- Anxiety
- Stress
- Resilience
- Depression
- Substance Use
- Relationships
- Parenting
- Self-care
- Eating Disorders

The Hub also features over 15 different wellbeing assessments to help you learn more about your mental health, including our comprehensive Wellness Check-In Assessment. Most of them can be completed in just a few minutes. Based on your results, you will receive a list of recommended resources that match your needs. They may include counseling, self-paced programs and/or medication management.

Wellness Check-in Assessment

This a great starting point! When you first access the Hub, you will be prompted to take it. You can retake this assessment as many times as you like to track your progress, and you can use it for covered dependents, including children, too.

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Prioritize Your Mental Wellbeing

With the Mental Health Hub, you have direct access to mental health specialists, if needed, including those who treat:

- Substance use disorders
- Pediatric mental health
- Eating disorders
- Obsessive-compulsive disorders

You can also search for additional, in-network mental health providers (virtual and in-person) or check out self-led programs included with your health plan.

The Mental Health Hub is confidential and available 24/7 at no added cost to you[2].

Explore it today.

1. Log in to **Blue Access for Members**℠ at **bcbsnm.com**
2. Select **Behavioral Health**
3. Choose **Mental Health Hub**

Overcoming Stigma Together

Many people struggling with their mental health do not seek help because of stigma. BCBSNM is committed to overcoming stigma together with you.

Here are a few ways to get started:

- Learn more about mental health.
- Take care of your mental wellbeing every day.
- Share information with friends and family.
- Seek professional care if needed.

Blue Cross and Blue Shield of New Mexico is here to help you. If you need assistance, call the number of the back of you member ID card.

For medical emergencies, call 911. For mental health emergencies, call or text the 988 Suicide & Crisis Lifeline.

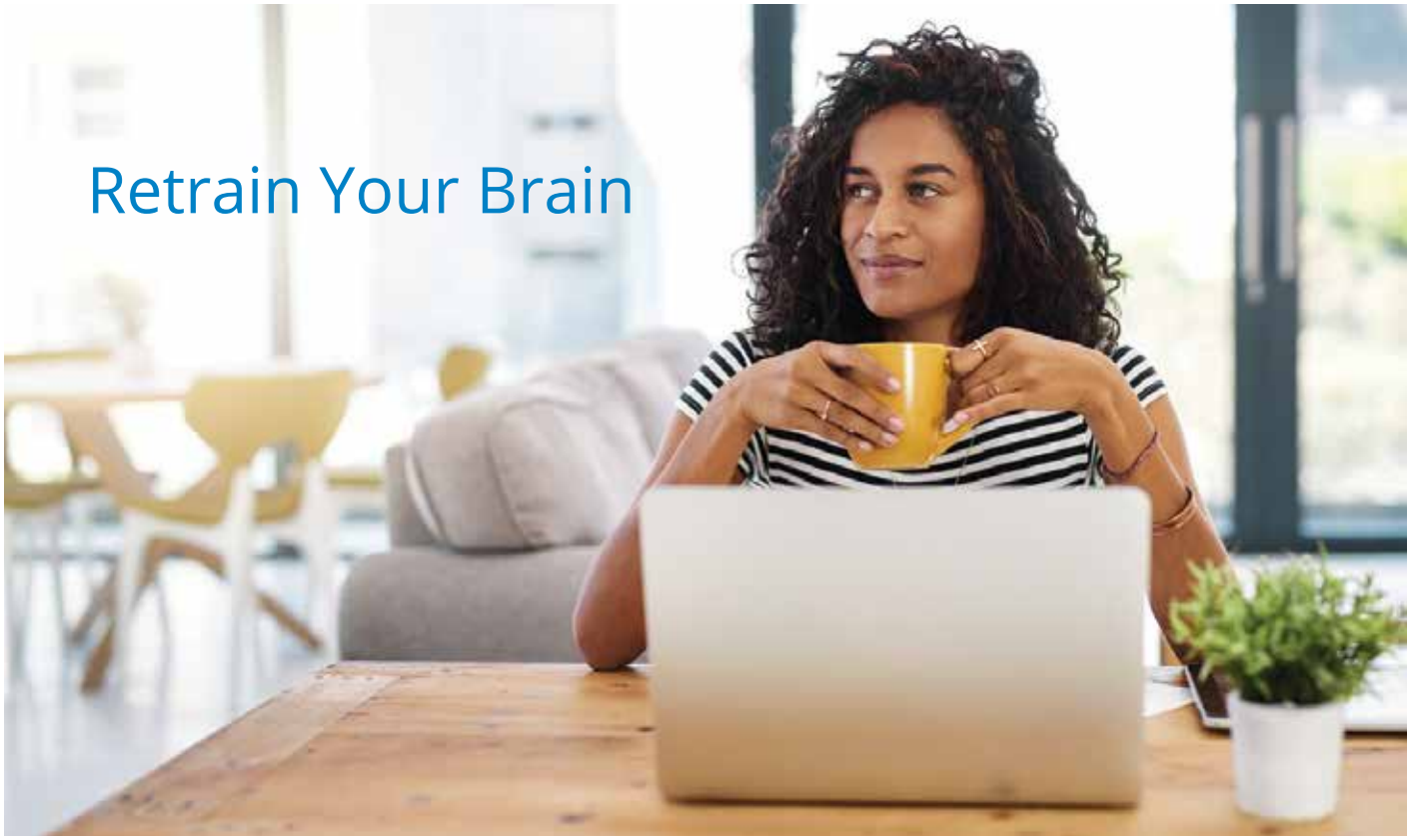
This is not a substitute for the independent medical judgment of a physician or other health care provider. Members are instructed to consult with their health care provider before beginning their journey toward wellness.

1. National Alliance on Mental Illness, Mental Health By The Numbers, April 2023
2. Standard copay and coinsurance rates will apply if you seek treatment from a provider.

NovaWell is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide member health platform and tools, mental health administration network and health information content for members with coverage through BCBSNM.

BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

ONE ALBUQUERQUE



Retrain Your Brain

See how much better life can feel with digital mental health programs from Learn to Live.[1]

More than half of people will struggle with a mental health concern at some point in their lives.[2] But you can learn new skills to break old patterns that may be holding you back. Digital mental health programs from Learn to Live can help you get your mental health on track so you can feel better and enjoy life more.

Find out where you may need support

An online assessment helps pinpoint the right programs for you, such as:

- Stress, anxiety and worry
- Depression
- Insomnia
- Social anxiety
- Substance use
- Panic
- Resiliency

learntolive

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Get a mental health tune-up — online

Learn to adjust unhelpful thoughts and control your moods

Explore quick and easy lessons whenever it fits your schedule. A little homework between sessions helps you keep up your progress. Activities are based on therapy techniques with a track record of helping people get better.

An expert coach can guide you

If you need one-on-one support to reach your goals, connect with a coach by phone, text or email. They'll lift you up, cheer you on and help you master your new skills.

Your personal details are private

Just like with face-to-face therapy, your personal results, program progress and messages with your coach will not be shared with your employer.

Check out the programs included at no added cost through your Blue Cross and Blue Shield of New Mexico (BCBSNM) plan:

1. Log in at **bcbsnm.com**.
2. Click **Wellness**.
3. Choose **Digital Mental Health**.

Or tap **Digital Mental Health** in the BCBSNM App.

Register a Minor

BCBSNM members 13 to 17 years old can also use the programs. Once you've logged in to Learn to Live using the steps above, go the **Resources** tab. Then find the **Register a Minor** link to send your teen a registration email.

1. Learn to Live provides educational behavioral health programs; members considering further medical treatment should consult with a physician.
2. https://www.cdc.gov/mentalhealth/learn/index.htm

Learn to Live, Inc. is an independent company that provides online behavioral health programs and tools for members with coverage through Blue Cross and Blue Shield of New Mexico. BCBSNM makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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ONE ALBUQUERQUE

BlueCross BlueShield of New Mexico

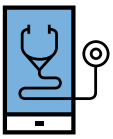
It's now easier to find a provider and manage health care expenses.

Provider Finder from Blue Cross and Blue Shield of New Mexico (BCBSNM) is a fast, easy-to-use tool that improves members' experience when they're looking for in-network health care providers. Plus, it can help them manage their out-of-pocket costs.

The updated Provider Finder platform has undergone intensive testing. The result is a better experience that will help members be smarter consumers of health care.

By going to **bcbsnm.com**, members can login or create an account on Blue Access for Members℠ (BAM℠) and use Provider Finder to:

- Find in-network providers, clinics, hospitals and pharmacies.
- Search by specialty, ZIP code, language spoken, gender and more.
- See clinical certifications and recognitions.
- Compare quality awards for doctors, hospitals and more.
- Read or add reviews for providers.
- Estimate the out-of-pocket costs for more than 1,700 health care procedures, treatments and tests.*
- Find cost savings opportunities using the Medication Finder tool.



Go Mobile with BCBSNM

Even on the go members can manage their ID cards and stay on top claims activity, coverage information and prescription refill reminders. It's easy: Log into or create a BAM account at **bcbsnm.com** or text BCBSNM to 33633** to download our mobile app.

* Not all plans provide this information.

** Message and data rates may apply. Terms and conditions and privacy policy are available at bcbsnm.com/mobile/text-messaging.

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Administered by BlueCross BlueShield of New Mexico

City of Albuquerque

$175 Deductible EPO

Highlights copayments, deductible, out-of-pocket limit amounts; member coinsurance percentage amounts; and provides a brief description of EPO health care plan benefits.

EPO Benefits – This plan does **not** cover services received from nonpreferred providers, except for urgent/emergency services.	**Member's Share of Covered Charges from a Preferred Provider**
Annual Deductible per Plan Year (Only services subject to a percentage "coinsurance" amount apply toward deductible)[1]	$175 ($350 / family)
Annual Out-of-Pocket Limit per Plan Year (Deductible, Coinsurance, and Copayments (for Medical and Rx) apply; penalty amounts and noncovered charges do not.)[2]	$6,350 ($12,700 / family)
Primary Preferred Provider (PPP) Office Services*	
Office Visit**, Medication Management** Telehealth Visit Virtual Visit (MDLIVE Providers 1-888-858-5074)	$35 copay/visit $35 copay/visit $0 copay/visit
Mental Health/Chemical Dependency Services **(office visit only)** Telehealth Visit Virtual Visit (MDLIVE Providers 1-888-858-5074)	$35 copay/visit $0 copay/visit $0 copay/visit
Specialty Physician Office Services	
Office Visit**, Medication Management**, Office Evaluations**	$60 copay/visit
Preventive Care Routine Adult Physicals and Gynecological Exams, Well-Child Care; Routine Vision or Hearing Screenings, Related Testing (includes routine Pap tests, cholesterol tests, urinalysis, etc.), Routine Colonoscopies (outpatient/office), and Immunizations	No Charge (deductible waived)
Acupuncture/Spinal Manipulation (max. **20 visits each**/plan year)	$60 copay/visit
Allergy testing and serum	20% coinsurance (deductible applies)
Ambulance Services	$50 per trip/Ground or $100 per trip/Air[3] (deductible applies)
Autism Spectrum Disorders Applied Behavioral Analysis,[3] and Occupational, Physical, and Speech Therapy	Copay based on place of treatment and type of service
Cardiac Rehabilitation (max. **36** outpatient visits/plan year) **Pulmonary Rehabilitation** (max. **24** outpatient visits/plan year)	$10 copay/visit $35 copay/visit
Dental/Facial Accidents, Oral Surgery, TMJ/CMJ	Based on place of treatment and type of service[4]
Emergency and Urgent Care Services*** Emergency Room (includes all related ER services) Urgent Care Facility	 $300 copay/visit (deductible applies) $65 copay/visit (deductible applies)
Hearing Aids and Related Services: Hearing aids for children under age 21 are paid at **50%** of covered charges up to a maximum of **1 hearing aid per hearing-impaired ear every 3 years**; exams and testing are subject to usual cost-sharing provisions.	
Home Health Care (prescribed home nursing care, physician, and therapy care)	No Charge (deductible waived)
Hospice – inpatient	$750 copay/admission (deductible applies)[4]
Hospice – home	No charge (deductible waived)[3]
Infertility Services – coverage is limited only to diagnosing the cause of infertility and surgical treatment to correct the medical condition causing infertility	50% coinsurance (deductible applies)
Inpatient Hospital/Facility Services	
Room and Board and Physician Care such as Physician Visits, Surgeon, Anesthesiologist, Lab, X-Ray, Other Diagnostic Tests, Medical/Surgical, Inpatient Rehabilitation Mental Health/Chemical Dependency (including partial hospitalization) and Residential Treatment Center	$750 copay/admission (deductible applies)[4] $750 copay/admission[4]
Maternity – initial office visit to diagnose pregnancy Maternity – inpatient delivery Extended Newborn Stay	$35 copay $750 copay (deductible applies)[4] $750 copay (deductible applies)[4]

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EPO Benefits – This plan does **not** cover services received from nonpreferred providers, except for urgent/emergency services.	**Member's Share of Covered Charges from a Preferred Provider**
Lab Tests, X-Rays, and Other Diagnostic Services	No Charge (deductible waived)
MRI/PET Scans	$125 copay/type of test (deductible applies)[4]
CT Scan (Note: including tests done in office, outpatient facility, freestanding facility, ambulatory surgery facility, or any other place of treatment)	$75 copay/type of test (deductible applies)[4]
Outpatient Facility/Surgeon/Physician (including surgical procedures related to pregnancy and family planning; and nonroutine colonoscopies)	$750/admission (deductible applies)[4]
Outpatient Infusion Therapy (for routine maintenance drugs) Administered by Professional Provider in Home, Office or Infusion Suite Outpatient Facility	$60 copay/visit[4] $750 copay/visit[4] (deductible applies)
Short-Term Rehabilitation: Skilled Nursing Facility (max. **60 days**/plan year)	$750 copay/admission (deductible applies)[4]
Outpatient (Occupational, Physical and Speech Therapy)	$35 copay/visit
Sleep Disorder Studies Inpatient Outpatient	$750 copay per admission (deductible applies)[4] $60 copay per test (deductible applies)[3]
Supplies, Durable Medical Equipment, Prosthetics, and Orthotics	50% coinsurance (deductible applies)[5]
Therapy: Chemotherapy (chemotherapy drugs are covered at 20% up to $400/drug) **and Radiation Therapy** **Dialysis**	No Charge 20% coinsurance
Transplant Services (Must use facilities that contract with BCBSNM or through the national BCBS transplant network.)	
Cornea, Kidney, Bone Marrow	Based on place of treatment and type of service[3]
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney: $10,000 maximum for travel and lodging per diem	$750 copay/admission (deductible applies)[4]
Prescription Drugs	
Pharmacy benefits are administered by Optum Rx Pharmacy Benefits Management (phone number 800-372-8563)	

* A Primary Preferred Provider (PPP) is a preferred physician or other professional provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only.

** If therapy is received or diagnostic tests are performed during the visit, please see additional services listed on this summary. In such cases, you will pay both the office visit copay – if an office exam is billed – and the amount due for the therapy or diagnostic test.

*** Copay waived if admitted into a hospital, then hospital copay applies

Footnotes

[1] Each member's initial covered charges (for most services that are subject to a percentage "coinsurance" amount) are applied to the deductible, per plan year. The deductible must be met before benefit payments are made for such services. **Note:** A deductible is not required for covered services that are subject to a fixed-dollar copayment.

[2] After a member (or family) reaches the out-of-pocket limit during a plan year, BCBSNM pays 100 percent of that member's (or family's) covered charges for the remainder of the plan year.

[3] Certain services are not covered if preauthorization is not obtained from BCBSNM. See a benefit booklet for details.

[4] Preauthorization is required for inpatient admissions. Some services, such as transplants, require additional preauthorization. If you do not receive preauthorization for these individually identified procedures and services, benefits for any related admissions will be denied.

[5] Rental benefits for medical equipment and other items will not exceed the purchase price of a new unit.

Important Note: You must use a BCBSNM Preferred Provider, unless in an emergency. Deductibles, copayments, and coinsurance percentages are applied to BCBSNM's covered charges, which may be less than billed charges. Covered services received from Preferred Providers that contract with their local BCBS Plan are also eligible for coverage under this plan.

NOTE: BCBSNM provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except as may be specified in the Administrative Services Agreement.

This is a summary only – please refer to the Summary of Benefits and Coverage (SBC) document and Benefit Booklet for more details.

Administered by

BlueCross BlueShield of New Mexico

City of Albuquerque

$175 Deductible PPO

Highlights copayments, deductible, out-of-pocket limits, member coinsurance percentage amounts, and provides a brief description of PPO Health Care Plan benefits.

PPO Benefits There is no lifetime maximum benefit. However, certain services have maximum annual limits. See below.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider[1]**
Annual Deductible per Plan Year[1] Deductible does not apply to services with copays or "no charge."	$175 ($350 / family)	$500 ($1,000 / family)
Annual Out-of-Pocket Limit per Plan Year (Includes deductible, coinsurance, and copayments (for Medical and Rx); NOT penalty amounts or noncovered charges.[2]	$6,350 ($12,700 / family)	$12,700 ($25,400 / family)
Primary Preferred Provider (PPP)* Office visit/exam and initial office visit to diagnose pregnancy Telehealth Visit Virtual Visit (MDLIVE Providers 1-888-858-5074)	 $40 copay/visit $40 copay/visit $0 copay/visit	40% coinsurance
Mental Health and Chemical Dependency (office visit only) Telehealth Visit Virtual Visit (MDLIVE Providers 1-888-858-5074)	$40 copay/visit $0 copay/visit $0 copay/visit	40% coinsurance
Specialist Office Visit and initial office visit to diagnose pregnancy	$60 copay/visit	40% coinsurance
Allergy testing and serum	20% coinsurance	40% coinsurance
Preventive Services Routine Adult Physicals and Gynecological Exams, Well-Child Care; Routine Vision or Hearing Screenings, Related Testing (includes routine Pap tests, cholesterol tests, urinalysis, etc.), Routine Colonoscopies (outpatient/office), and Immunizations	No Charge (deductible waived)	40% coinsurance
Acupuncture Treatment (max. **20 visits**/plan year)	$60 copay/visit	40% coinsurance
Ambulance Services: Ground	$50 copay/trip (deductible applies)	
Ambulance Services: Air Transfer	$100 copay/trip (deductible applies)[4]	
Ambulance Services: Interfacility transport	No Charge[4]	
Autism Spectrum Disorders Applied Behavioral Analysis,[4] and Occupational, Physical, and Speech Therapy	Based on place of treatment and type of service	40% coinsurance
Cardiac Rehabilitation (max**. 36** outpatient visits/plan year) **Pulmonary Rehabilitation** (max**. 24** outpatient visits/plan year)	$10 copay/visit $40 copay/visit	40% coinsurance
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	Based on place of treatment and type of service[4]	40% coinsurance[4]
Emergency Room Treatment**	$300 copay/visit (deductible applies)[3]	
Hearing Aids and Related Services: Hearing aids for members under age 21; up to a maximum of **1 hearing aid per hearing-impaired ear every 3 years**; exams and testing are subject to usual cost-sharing provisions. These services are not covered for members age 21 and older.	50% coinsurance	50% coinsurance
Home Health Care	No Charge	40% coinsurance
Hospice Services: Inpatient In Home	$750 copay/admission (deductible applies)[4,5] No Charge[4]	40% coinsurance
Lab, X-Ray, and Other Basic Diagnostic Tests (outpatient)	No Charge	40% coinsurance
MRI or PET Scans	$125 copay/type of test (deductible applies)[4]	40% coinsurance[4]
CT Scans	$75 copay/type of test (deductible applies)[4]	40% coinsurance[4]
Infertility Services: Coverage is limited only to diagnosing the cause of infertility and surgical treatment to correct the medical condition causing infertility.	50% coinsurance	50% coinsurance

PPO Benefits There is no lifetime maximum benefit. However, certain services have maximum annual limits. See below.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider[1]**
Inpatient Hospital/Facility Services		
Medical/Surgical, Maternity-Related Room and Board, and Covered Ancillaries; Inpatient Rehabilitation	$750 copay/admission (deductible applies)[5]	40% coinsurance[5]
Mental Health/Chemical Dependency (including Partial Hospitalization), Residential Treatment Center	$750 copay/admission[5] (deductible waived)	
Maternity Services		40% coinsurance[5]
Inpatient delivery	$750 copay/admission[5] (deductible applies)	40% coinsurance[5]
Routine Nursery/Pediatrician Care for Covered Newborns	No Charge	
Extended Newborn Stay	$750 copay/admission (deductible applies)[5]	40% coinsurance[5]
Outpatient Facility/Surgeon/Physician (including surgical procedures related to pregnancy and family planning; and nonroutine colonoscopies)	$750/admission[4] (deductible applies)	40% coinsurance
Outpatient Infusion Therapy (for routine maintenance drugs) Administered by Professional Provider in Home, Office or Infusion Suite	$60 copay/visit[4]	40% coinsurance[4]
Outpatient Facility	($750 copay/visit[4] (deductible applies)	
Short-Term Rehabilitation:		40% coinsurance[5]
Skilled Nursing Facility (max. **60 days**/plan year)[5]	$750 copay/admission (deductible applies)[5]	
Outpatient – Occupational, Physical and Speech Therapy	$40 copay/visit	
Sleep Disorder Studies		40% coinsurance[6]
Inpatient	$750 copay per admission (deductible applies)[4]	
Outpatient	$60 copay per test (deductible applies)[3]	
Spinal Manipulation Services (max. **20 visits**/plan year)	$60 copay/visit	40% coinsurance
Supplies, Durable Medical Equipment, Prosthetics, Orthotics	50% coinsurance[6]	50% coinsurance[6]
Therapy: Chemotherapy and Radiation (chemotherapy drugs are covered at 20% up to $400/drug)	No Charge	40% coinsurance
Dialysis	20% coinsurance	
Transplant Services (Must be received at a facility that contracts with BCBSNM or with the national BCBS transplant network.)		
Cornea, Kidney, and Bone Marrow	Based on place of treatment and type of service[4 5]	
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney (**$10,000** maximum for travel and lodging per diem)	$750 copay/admission (deductible applies)[4,5]	Not Covered
Urgent Care Facility	$65 copay/visit (deductible applies)	
Prescription Drugs		
Pharmacy benefits are administered by Optum Rx Pharmacy Benefits Management (phone number 800-372-8563)		

* A Primary Preferred Provider is a physician or other professional provider in one of the following categories of practice: Family or General Practice, Internal Medicine, Pediatrics, Obstetrics and Gynecology, and Gynecology Only. A "PPP" is a Primary Preferred Provider in the preferred provider network.

** Copay waived if admitted into a hospital, then hospital copay applies

Footnotes:

[1] The deductible must be met before benefit payments are made for services with coinsurance, per plan year. Deductible amounts do not cross-apply in the Preferred Provider and Nonpreferred Provider benefit levels.

[2] After a member reaches the applicable out-of-pocket limit per plan year, BCBSNM pays 100 percent of most of that member's covered Preferred or Nonpreferred Provider charges, whichever is applicable. Out-of-pocket amounts do not cross-apply in the Preferred Provider and Nonpreferred Provider benefit levels.

[3] Initial treatment of a medical emergency is paid at Preferred Provider level. Follow-up treatment and treatment that is not for an emergency is paid at Nonpreferred Provider level.

[4] Certain services are not covered if preauthorization is not obtained from BCBSNM. See a Member's Benefit Booklet for a list of services requiring preauthorization.

[5] Preauthorization is required for inpatient admissions. Some services, such as transplants and inpatient physical rehabilitation, require additional preauthorization. If you do not receive preauthorization for these individually identified procedures and services, benefits for any related admissions will be denied. See a Member's Benefit Booklet for details.

[6] Rental benefits for medical equipment and other items will not exceed the purchase price of a new unit.

IMPORTANT: Deductible amounts and coinsurance percentages are applied to BCBSNM's covered charges, which may be less than the provider's billed charges. Preferred Providers will not charge you the difference between the covered charge and the billed charge for covered services; Nonpreferred Providers may.

NOTE: BCBSNM provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims, except as may be specified in the Administrative Services Agreement.

This is a summary only – please refer to the Summary of Benefits and Coverage (SBC) document and Benefit Booklet for more details.

You already have one for your health care needs.

Are you ready for health care made easy? We think you are — that's why you have a Health Advocate at Blue Cross and Blue Shield of New Mexico waiting to help with your benefits questions and health care needs.

Health Advocates can help you and your covered family members:

- Get personal assistance with your health care matters
- Understand your health benefits
- Talk to a nurse Health Advocate about health questions
- Sort out a new diagnosis and what to do next
- Shop for quality, lower-cost health care

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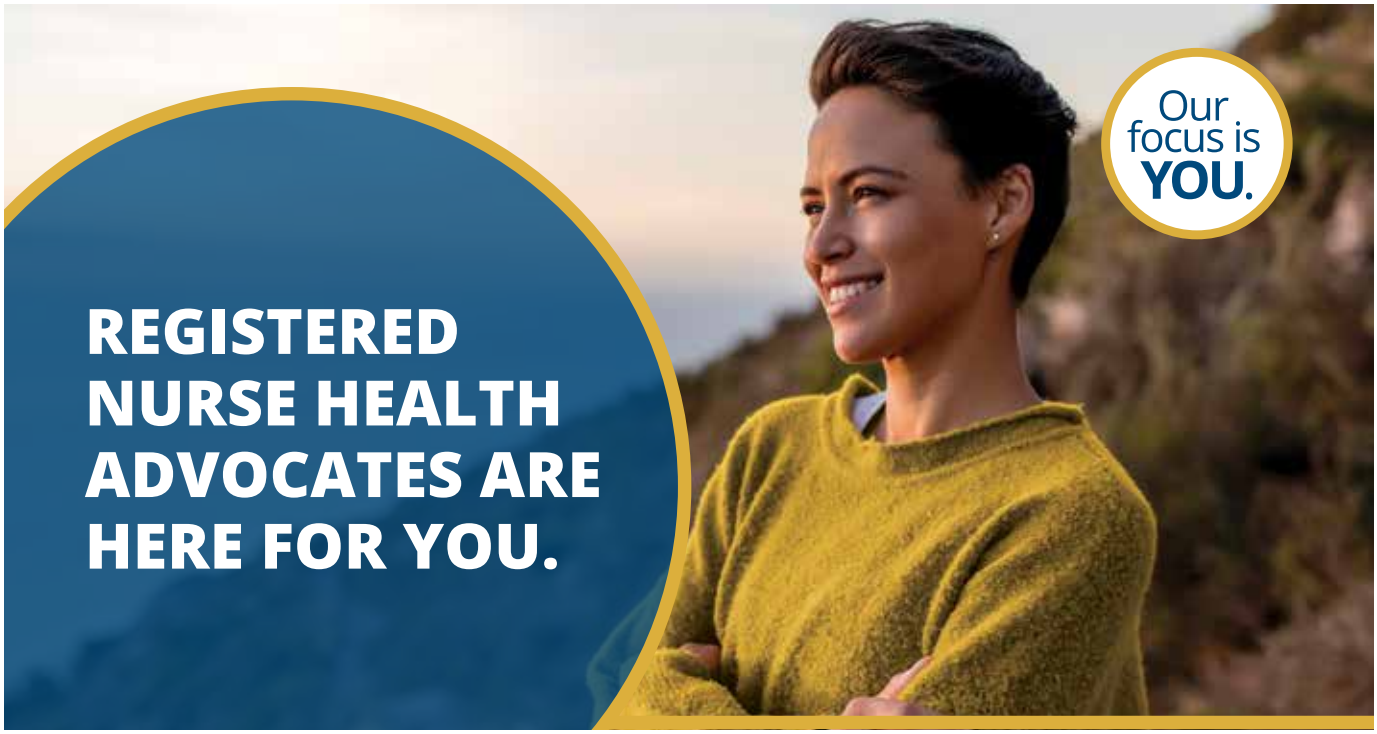
BlueCross BlueShield of New Mexico



REGISTERED NURSE HEALTH ADVOCATES ARE HERE FOR YOU.

This is a special service from your Blue Cross and Blue Shield of New Mexico health plan.

You can talk with a nurse, at no extra cost to you, who can answer questions about your health concerns and help you get the care you need.

Your Nurse Health Advocate and our other care team members can help you with:	
Cancer	Work with a nurse who specializes in cancer to better understand your treatment plan and get help dealing with the complexities of cancer care.
Caregiver Support	Stay healthy and get the help you need when caring for loved ones.
Diabetes	Better manage your condition by working with a nurse who specializes in diabetes. Our diabetes program is approved by the American Diabetes Association.
Emotional & Mental Health	Learn about all the services available to help with depression, stress, addiction and more.
End-of-Life Planning	Get support for you or your loved ones in planning for end-of-life.
Gender Identity Support	Get guidance on health care and benefits for gender identity support.
Medical Equipment	Get needed items like a blood pressure cuff, a scale, a peak flow meter and a blood sugar monitor and strips at no extra cost to you.
Nutrition	Learn how to develop better eating habits with the help of a registered dietitian.
Overcome Obstacles	Get support to find healthy food, get prescriptions, get transportation to doctor appointments and more by working with a social worker.

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Nurse Health Advocates, dietitians and social workers are here for you and your covered family members.

Just call your BCBSNM clinician or call the number on the back of your member ID card.

Schedule a call with a Nurse Health Advocate

Just log in to your BCBSNM website, then choose Contact Us, click on Nurse Health Advocate and schedule your call.

Call 911 for medical emergencies. Health Advocates do not give medical advice or take the place of a doctor's care.
Talk to your doctor or health care professional about any health questions or concerns.

ONE ALBUQUERQUE

A personal Health Advocate is part of your plan!

Stop trying to do it all on your own; we're here for you. Call or chat with your Health Advocate today.

It's easy to reach a Health Advocate

Contact them 24/7 for your health and benefit needs:

Call 844-666-2521

Live Chat – Log in to bcbsnm.com

ONE ALBUQUERQUE

CITY OF ALBUQUERQUE
EMPLOYEE ASSISTANCE PROGRAM

CABQ EMPLOYEE ASSISTANCE PROGRAM (EAP)

We provide **FREE** and **CONFIDENTIAL** counseling services for Employees and their immediate family members.

CABQ Employee Assistance Program telephone: **(505) 768-4613**

CABQ Employee Assistance Program Email: **eap@cabq.gov**

Emergency On-Call Counselors (After-Hours and on Weekends):
Call the main number at **(505)768-4613** and your call will be forwarded to our dedicated crisis line

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Who is Eligible?

Employee counseling, crisis intervention, and referral services are offered for both employees and qualifying dependents 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.

Other Services Offered

We provide body composition analysis with our InBody Machine where we can assess your water weight and lean muscle mass that will help educate with personal health and fitness goals, Normatec compression boots to help advance your wellness, increase circulation, improve training and help reduce swelling: CPR, AED training, basic first aid, stress management, violence prevention, conflict resolution, and more!

Important: 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.

ONE ALBUQUERQUE

BlueCare Dental℠
PPO Plan

BlueCross BlueShield of New Mexico

Visit bcbsnm.com to search for an In-Network dentist or use our QR code to get started

City of Albuquerque
Effective: 7/1/2026

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracted or non-contracted provider. Your plan allows you to see any licensed dentist, but using an in-network provider may minimize your out-of-pocket expenses.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional detailed benefit information.

Summary of Dental Benefits

PROGRAM BASICS	In-Network Dentist	Out-of-Network Dentist MAC**
Benefit Period Maximum: Plan Year	$1,500	$1,500
Deductible: Plan Year	$50 Individual $150 Family	$50 Individual $150 Family
Three Month Deductible Carryover Applies	☒Yes ☐ No	☒ Yes ☐ No
Prior Carrier Deductible Credit Applies	☐ Yes ☒ No	☐ Yes ☒ No
COVERED SERVICES		
Class 1: Preventive Services ***(Deductible does not apply)*** Periodic Oral Evaluations Problem Focused Oral Evaluations Comprehensive Oral Evaluations Prophylaxis/routine cleanings X-rays: Full-Mouth, Panoramic, Bitewing, Periapical Sealants Topical Fluoride Space maintainers Periodontal Maintenance Full Mouth Debridement Palliative Treatment (emergency care to relieve pain)	100%	80%
Class 2: Basic Restorative Services Amalgam & Composite Fillings Non-surgical Extractions Scaling & Root Planning Oral Surgery & Surgical Extractions Endodontics (root canal) Major Periodontics	85%	85%
Class 3: Major Restorative Services Bridges & Dentures Implants Crowns, Inlays, Onlays Denture Reline/Rebase Repairs – Crown & Bridge Deep Sedation/General Anesthesia Diagnostic imaging and appliances for the diagnosis and/or treatment of TMJ (Temporomandibular joint dysfunction)	50%	50%
Class 4: Orthodontics Orthodontic Diagnostic Procedures & Treatment Coverage for Adults Dependent Children (to age 26) **Lifetime Maximum Ortho Benefit per Participant**	50% **$1,200**	50% **$1,200**

BlueCare Dental℠
PPO Plan

BlueCross BlueShield of New Mexico

Benefit Limitations & Frequencies:	
Oral Evaluations	3 per year
Comprehensive Evaluations	1 per 36 months
X-rays: Bitewings	2 per year
X-rays Full mouth panoramic	1 per 60 months
Prophy/Cleanings	2 per year
Fluoride Application	2 per year for children up to age 19
Sealants (per tooth)	1 per 24 months up to age 16
Space Maintainers	1 per lifetime up to age 14
Amalgam & Composite Fillings	1 per tooth per 24 months
Crowns/Dentures/Bridges/Implants	Replacement every 5 years
Denture Reline/Rebase	1 per 36 months
Periodontal Maintenance	2 per year

Additional Features:

Class 1 Preventive Services	☒ Will Not apply to your Annual Maximum Benefit	☐ Will apply to your Annual Maximum Benefit
Missing Tooth Exclusion	☒ No Exclusion	☐ Yes Applies
Benefit Waiting Period	☒ No Waiting Period	☐ Yes Applies
Enhanced Dental Benefit	☐ Not Included	☒ Yes, included

Predetermination of benefits is highly recommended, but not required, for services in excess of $300.

This summary is intended to highlight the most common services and frequencies under the dental plan. For complete and detailed descriptions of services, limitations, and exclusions, please refer to the certificate of coverage.

You can lower your out-of-pocket costs when you choose to visit a BlueCare Dental℠ PPO provider

PPO Savings Example:	PPO Dentist Resin Filling D2391	Non-PPO Dentist Resin Filling D2391
Billed Charge	$198.00	$198.00
Allowable Amount	$97.00	$97.00
Dental Plan pays 85%	$82.45	$82.45
Member's Responsibility	$14.55	$115.55

- **Save money each time you use a PPO dentist**. Most PPO dentists offer discounts of 30% to 50% for BlueCare Dental PPO members in New Mexico.
- **No balance billing when using a PPO dentist**. You are not billed for costs exceeding the allowable amount (except coinsurances and deductibles).

****Please note that your benefit plan reimburses services rendered by non-contracted dentists according to the Maximum Allowable Charge. This is the maximum reimbursement that BlueCare Dental allows for Out-of-Network providers, which will ultimately subject you to balance billing for all charges that exceed this threshold.**

ONE ALBUQUERQUE

Peace of Mind While Traveling

BlueCard PPO Has You Covered

Use BlueCard PPO When You're Away from Home

Through the BlueCard PPO Program, Blue Cross and Blue Shield Plans work together to help ensure you receive reliable, affordable health care when you need it while traveling in the U.S. You have access to an established PPO network of doctors, hospitals and other health care providers throughout the country.

How BlueCard Works

1. Always carry your most current Blue Cross and Blue Shield of New Mexico ID card.
2. When you're outside of your local BCBSNM service area and need health care, refer to your ID card and call BlueCard Access at 800-810-BLUE (2583) or visit the BlueCard Doctor and Hospital Finder at bcbs.com for information on the nearest PPO doctors and hospitals. In an emergency, go to the nearest hospital.
3. You are responsible for calling BCBSNM for precertification, when necessary. Refer to the precertification phone number on your ID card, which is different than the BlueCard Access number above.
4. When you arrive at the doctor's office or hospital, present your ID card, and the office or hospital staff will verify your membership and coverage information.
5. After you receive medical attention, your claim will be routed to BCBSNM for processing by the provider. All doctors and hospitals are paid directly, so you won't have any paperwork.
6. You should not have to pay up front for medical services, except for the usual out-of-pocket expenses (non-covered services, deductibles, copayments and/or coinsurance). BCBSNM will provide you with an Explanation of Benefits statement.

Get access to network providers when you're on the go:

- Freedom of choice: You can choose your provider. To receive the maximum benefits allowed under your health care plan though, choose contracted network providers whenever possible.
- Coast-to-coast care: Get access no matter where in the U.S. you travel.
- No paperwork or claims to file: When visiting a PPO provider, all you need to do is show your ID card.

5

Delta Dental PPO Plus Premier™
Summary of Dental Plan Benefits
For Group #8568
City of Albuquerque

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 with a 3-month carryover provision

Maximum Benefit Amount: $1,500 per person total per Benefit Period

Orthodontic Lifetime Maximum: $1,200 per person total per lifetime

Covered Services	Delta Dental PPO™ Provider	Delta Dental Premier® Provider[1]	Non-Participating Provider[2]
	You Pay	You Pay[1]	You Pay[2]
Diagnostic and Preventive Services			
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	No Charge	20%	20%
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	20%	20%
Sealants – to prevent decay of permanent teeth	No Charge	20%	20%
Brush Biopsy – to detect oral cancer	No Charge	20%	20%
Radiographs – images	No Charge	20%	20%
Periodontal Maintenance – cleanings following periodontal therapy	No Charge	20%	20%
Basic Services			
Minor Restorative Services – fillings	15%	15%	15%
Endodontic Services – root canals	15%	15%	15%
Periodontic Services – to treat gum disease	15%	15%	15%
Oral Surgery Services – extractions and dental surgery	15%	15%	15%
Other Basic Services – misc. services	15%	15%	15%
Major Services			
General Anesthesia	50%	50%	50%
Crown Repair – to individual crowns	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges, dentures, and implants	50%	50%	50%
Prosthodontic Services – bridges, dentures, and implants	50%	50%	50%
TMD Treatment – Medically Necessary treatment of Temporomandibular Joint Dysfunction, including diagnostic imaging	50%	50%	50%

Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit – child and adult	No Age Limit	No Age Limit	No Age Limit

1) Schedule of higher fees applies. Delta Dental Premier Providers are subject to a schedule of higher Maximum Approved Fees than Delta Dental PPO Providers. You may have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This may be true even if the Coinsurance percentages are the same for these two types of Providers. You may have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

2) Balance billing applies. *Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.*

- Oral exams (including evaluations by a specialist) are payable three times per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year.
- 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 Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 14.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image is payable once in any five-year period.
- Sealants are payable once per tooth per two-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, up to age 16.
- Composite resin (white) restorations are Covered Services on all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.
- Medically Necessary TMD is a covered Benefit. Pre-Treatment Estimate is required or the member may be liable for the full cost of the services.

Additional Plan Information

Deductible: Does not apply to Diagnostic and Preventive Services, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Maximum Benefit Amount: This dental Plan includes Preventive Care Security (PCS); Diagnostic and Preventive Services will not reduce your Maximum Benefit Amount. The Maximum Benefit Amount applies to all services except Diagnostic and Preventive, radiographic images, sealants, full mouth debridement, periodontal maintenance, emergency palliative treatment, consultations, cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Orthodontic Lifetime Maximum: Applies to cephalometric radiographic images, photos, diagnostic casts, and orthodontics (including fiberotomy, surgical repositioning, and devices to facilitate tooth eruption).

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. This free report estimates your applicable dental Benefits and out-of-pocket expenses

for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

Eligibility Provisions

An Eligible Employee is an Employee who satisfies the following: the eligibility definition(s) specified by the Group and accepted by Delta Dental; and the Eligibility Waiting Period specified by the Group and agreed to by Delta Dental. The Eligibility Waiting Period shall not exceed twelve (12) months.

Benefits will cease on the last day of the month in which the Employee is terminated, subject to any additional requirements which may apply.

Special Benefit Provisions

This Plan includes a 3-month deductible carryover provision.

Your Network: Delta Dental PPO Plus Premier

This section describes the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Delta Dental PPO Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Lowest
Delta Dental Pays Up To:	Delta Dental PPO Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental PPO Maximum Approved Fees. You are also responsible for the full payment for any non-covered services.

Delta Dental Premier Provider	
Participates with Delta Dental?	Yes
Out-of-Pocket Costs for This Plan:	Higher than Delta Dental PPO
Delta Dental Pays Up To:	Delta Dental Premier Maximum Approved Fees
Provider May Balance Bill You?	No
Description:	You will be responsible for any Coinsurance and Deductible (if applicable) for Covered Services up to the Delta Dental Premier Maximum Approved Fees. You are also responsible for the full payment for any non-covered services. Coinsurance amounts may be higher when selecting a Delta Dental Premier Provider.

Non-Participating Provider	
Participates with Delta Dental?	No
Out-of-Pocket Costs for This Plan:	Highest
Delta Dental Pays Up To:	Delta Dental's Non-Participating Maximum Approved Fees
Provider May Balance Bill You?	Yes, up to the Provider's Submitted Amount
Description:	In addition to any Coinsurance, Deductible (if applicable), and fees for non-covered services, you will be responsible for any difference between Delta Dental's Non-Participating Maximum Approved Fees and the Provider's Submitted Amount. Subscribers are responsible for full payment to a Non-Participating Provider. Any payment made by Delta Dental for services received from a Non-Participating Provider may be paid to the Provider or directly to the Subscriber.

Understanding Your Benefits

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

Call Delta Dental's Customer Service Department at (877) 395-9420, or log into the Member Portal via **www.memberportal.com**, for answers to questions about Benefits and claims.

Contact the New Mexico Office of Superintendent of Insurance (OSI) at any time for assistance with a claim appeal:

Office of Superintendent of Insurance
Phone: 1-855-4-ASK-OSI
www.osi.state.nm.us

Optum Rx®

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Know your costs

Check out these drug tiers

When your doctor prescribes a medication, it will fall into one of these drug tiers. Tiers are a way of explaining how much your prescription will cost.

- **Tier 1** drugs are generics. They are usually the lowest-cost option.
- **Tier 2** drugs are preferred brand names.
- **Tier 3** drugs are non-preferred brand names. Many tier 3 drugs have lower-cost options available.

Here are your benefits at a glance:

	30-day supply	90-day supply
Tier 1: Lower-cost generics and some brand name	$15	$30
Tier 2: Mid-range-cost preferred brand name	$40	$75
Tier 3: Higher-cost brand name and some generics	$65	$150

Specialty Medications: 20% coinsurance with maximum of $400

Once your plan begins, you can check which tier your current medication falls into at **optumrx.com** or on the **Optum Rx app**. If your medication is in a higher tier, talk to your doctor to see if a lower-cost option is available.

Ready to learn more? Scan this code with your smartphone's camera for info on Optum Rx and your prescription drug plan.

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Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum Home Delivery.

- Order up to a 3-month supply.
- Get your medications delivered right to your mailbox – with free standard shipping.
- Talk to a pharmacist 24/7.

Submit your order one of three ways:

Online at **optumrx.com**

Via the Optum Rx app

Call the phone number on your member ID card

Will my current prescriptions transfer?

Yes, most will transfer to Optum Home Delivery. But prescriptions for some medications such as controlled substances will not transfer. In these cases, you'll need a new prescription from your doctor.

Learn more at **optumrx.com/getstarted.**

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Optum Rx®

Get smart about prescriptions

Our online tools make it easy

My prescriptions – See your current prescriptions along with information about how to use them and possible side effects.

Price a drug – Search your current or new medications to see costs at pharmacies near you. If you're taking a brand-name drug, you can also see prices for generic options.

View my claims – See which prescriptions you've filled and how much you paid.

Pharmacy locator – Search for network pharmacies near you – or find a pharmacy when you're traveling.

Getting Started

Visit **optumrx.com** to register your account. You'll need information from your new member ID card to sign up.

To learn more now about Optum Rx and your drug plan, scan this code

Get the app. Download the Optum Rx app to manage your medications on the go.

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DavisVision™

davisvision.com | 1 (877) 923-2847, 8985

City of Albuquerque your vision plan

Client code: 8985

Frequency

Exam: Every 12 months
Lenses & lens upgrades: Every 12 months
Frame: Every 24 months
Contacts, 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.

Exams & Services

Eye Exam copay:
$10

Contacts evaluation, fitting & follow-up:

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

Lenses

Lens copay:
$15

Frame

Allowance:

$160

+Additional 20% **off** any overage.[1]

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	**Covered in full**	**Covered in full**

Contacts[2] in lieu of glasses

Allowance:

$130

+Additional 15% **off** any overage.[1]

or

The Exclusive Collection of Contact Lenses:[3]

Covered in full

Find a network provider...

Enter your client code in the "Member Sign In" section of our website at davisvision.com/member to locate a provider near you including Visionworks.

Using your client code

Log in using your client code (listed above) at davisvision.com/member to find a list of in-network providers near you and access your benefit information.

The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

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Options & upgrades

Lens options

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

Retinal imaging (Member charge)	$39
Additional pairs of eyeglasses	30% discount[1]
Laser Vision Correction One-Time/Lifetime Allowance	$200*

*Providers participating within the QualSight/Davis Vision Lasik network have agreed to accept assigned benefits starting as low as $945.00 per eye for traditional Lasik 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.

Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: $47.25	Trifocal Lenses: $80
Frame: $70	Lenticular Lenses: $100
Single-Vision Lenses: $40	Elective Contact Lenses: $105
Bifocal: $60	Visually Required Contacts: $225
Progressive Lenses: $97.50	

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 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 providers. 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.

Rediscover your passion for health

With One Pass Select®, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members age 18+ can get started with One Pass Select today.

Find your fit with One Pass Select

At the gym

Choose from our large nationwide network of gym brands and local fitness studios. Use any gym in the network and create a routine just for you.

At home

Work out at home with live or on-demand online fitness classes. Try our workout builder to get routines created just for you, no matter what your fitness level and interests are.

In the kitchen

Get groceries and household essentials delivered to your home. We make it easy to plan for everything you need to enjoy delicious, nutritious meals.

One Pass Select is simple to set up

- Go to OnePassSelect.com
- Click "Get Started"
- First time visitors, follow the prompts to register. Returning users log in with email and password
- Get your One Pass Select member code on the dashboard page
- Click "How to use code" to learn more about how to use your unique One Pass Select member code to access all of your services

Get started today
Visit **OnePassSelect.com**

BetterHealth
CITY OF ALBUQUERQUE
Primary & Pediatric Care Clinic

Healing Connections with Caring Providers

Onsite BetterHealth Primary & Pediatric Care Clinic for the City of Albuquerque

As a benefit of your employment, you have access to the BetterHealth Clinic conveniently located in City Hall (basement floor) and available exclusively to City employees and their eligible dependents.

A personal design for relationships that foster healing

Health by Design doctors and nurses are focused on building healing connections with each patient. Providers spend extra time getting to know you, building trust, and working in partnership to develop a wellness plan that is both practical and unique to you.

A caring team dedicated to you

Health by Design pairs you with your dedicated physician and nurse at every appointment, where possible. You see the care providers you know and trust and who have a real interest in your future well-being.

ONE ALBUQUERQUE

As a benefit of your City of Albuquerque-provided medical coverage, you and your eligible dependents have access to the BetterHealth Clinic.

Available Services

Advanced Primary Care
Onsite and virtual access for personalized care.

Virtual Specialty Services
Expert medical advice in specialized areas (Behavioral Health, Musculoskeletal, Cardiology consults), delivered remotely.

24/7 Virtual Acute Care
Ensuring immediate medical attention is available anytime, anywhere.

Health and Wellness Coaching
Tailored programs and screenings for optimal health.

Chronic Condition Management
Focused care for long-term health management.

Biometric Screening
Advanced screenings with Healthscore assessments.

Women's Health
Specialized care across all stages of women's health.

Pediatric Care
Dedicated services for children's health and well-being.

Laboratory Services
Convenient onsite diagnostic testing.

Behavioral Health
Screening and referrals for mental health support.

Immunizations Comprehensive vaccination programs.

Preventive Services
Diverse options for disease prevention and health maintenance.

Injury Prevention and Management
Strategies and care for injury reduction.

Minor Acute Care
Quick response for minor health issues.

Acute Medications
Immediate provision of essential drugs.

Wound Care
Expert wound management and healing.

Minor Surgical Procedures
Safe, minor surgeries by qualified professionals.

Frequently Asked Questions

- **Will The City of Albuquerque have access to my medical information?**
  No. The Health by Design staff who operate the BetterHealth Clinic is subject to, and strictly follows, HIPAA guidelines. As part of their obligation, all electronic medical records are maintained on a secure Health by Design network to ensure patient confidentiality.

- **Do I or my dependents need to have insurance through City of Albuquerque in order to use the BetterHealth Clinic?**
  Yes. Employees and their eligible dependents must be enrolled for health care coverage under any of the UnitedHealthcare (UHC) or Blue Cross Blue Shield New Mexico (BCBSNM) medical options.

- **How do I or my eligible dependents make an appointment? Do you accept walk-in appointments?**
  Scheduled appointments are preferred, and walk-ins are accepted but may be limited. Please call the BetterHealth Clinic at (505) 602-WELL or (505) 602-9355 to schedule an appointment or login and access your account by going to My Health by Design patient portal.[1]

- **Can clinic physicians prescribe medication?**
  Yes, Health by Design physicians can prescribe medication to patients who use the BetterHealth Clinic. You provide a preferred pharmacy for the prescription, then pick-up and pay for these prescriptions at your preferred pharmacy. Wellness clinic staff can dispense limited over-the-counter medication and prescription medication samples.

- **Will I or my dependents have to pay or use insurance to use the BetterHealth Clinic?**
  There is no payment or co-pay to use the clinic.

- **Can I or my dependents still go to their primary care physician (PCP)?**
  Yes. The BetterHealth Clinic physician staff works with their patients' established physician relationships to help manage health concerns.

- **Can I visit the BetterHealth Clinic for occupational injuries?**
  The BetterHealth Clinic is for non-work related injuries, you will need to go to the Occupational Employee Health Center. (City Hall basement floor, B06, near Marquette entrance from parking garage. (505) 768-4630)

- **How can I look up where the Mobile Clinic will be?**
  Mobile Clinic schedules are posted to the City of Albuquerque website Human Resources page under Employee Benefits.[2]

BetterHealth Clinic
400 Marquette NW, Ste B606,
Albuquerque, NM 87102
(Basement floor, across from the Employee Learning Center)

(505) 602 - WELL (9355)

Clinic Hours of Operation
Monday–Friday: 8am–12pm and 1pm–5pm
On-call services are available after clinic hours

[1] **My Health by Design patient portal**

[2] **Mobile Clinic Schedule**

CITY OF ALBUQUERQUE

FSA Rules to Remember

PLAN YEAR
July 1, 2026 - June 30, 2027

HEALTH FSA CARRY FORWARD
An employer- chosen provision allowing up to a maximum of $680 of unused Health FSA funds to roll over into the next plan year.

RUN-OUT PERIOD
You have until September 30, 2027 to submit for expenses incurred during the plan year.

USE OR LOSE RULE
Unused Dependent Care Account balances or any amount over $680 in the Health FSA will not rollover. Remember, only contribute money you are confident you will use to pay for qualified expenses during the plan year.

Reminder

Over-the-counter (OTC) medications are reimbursable under Flexible Spending Accounts without requiring a prescription or completing a Letter of Medical Necessity Form. Menstrual care products are also now reimbursable as eligible expenses, including tampons and pads.

FSA CALCULATOR
Estimate your savings when you enroll in an FSA. Use the QR code below.

Your Guide to Pre-Tax Savings

WHAT IS A FLEXIBLE SPENDING ACCOUNT?

A Flexible Spending Account (FSA) allows you to set aside a portion of your pay pre-tax to use for medical, dental, vision, and child care/elder care expenses that are not covered by insurance, or only partially covered. Because it is deducted from your pay before taxes, you can save up to 30% on your dollar (depending on your tax bracket)! Estimate how much you usually spend on these types of expenses in a year and set aside that dollar amount into your FSA. PLEASE NOTE: You do not need to be enrolled in your company's health insurance plan in order to participate in the FSA.

Health Flexible Spending Account

Covers the cost of medical, dental, and vision expenses incurred by you and or your eligible dependent(s). Eligible expenses include deductibles, co-pays, prescriptions, eyeglasses, and dental work.

Minimum annual election amount: $260 | Maximum annual election amount: $3,400

Dependent Care Assistance Account

Covers the amount you pay to daycare centers, babysitters, after school programs, day camp programs and eldercare facilities. This account does NOT reimburse medical expenses for your dependent(s). It is for qualified daycare expenses only.

Maximum annual election amount: $7,500

WHAT IS A PARKING & TRANSIT PLAN?

The Parking and Transit Plan enables you to save taxes on the money you use to pay for work-related parking or transit expenses by using pre-tax dollars on eligible commuter costs. Depending on your tax bracket, you could save up to 40% on state, federal and FICA taxes. Estimate the money you expect to pay for parking or transit and have that dollar amount withheld from your paychecks pre-tax each month. You can even specify an amount to use for occasional bus or metro rail travel. The money you elect to be withheld from your paycheck is credited to an account in your name that is used to pay for your parking or transit expense.

Parking Account

Use this pre-tax account to pay for work-related parking expenses.

Maximum monthly election amount: $340

Transit Account

Use this pre-tax account to pay for commuter transit expenses including trains/subways and buses.

Maximum monthly election amount: $340

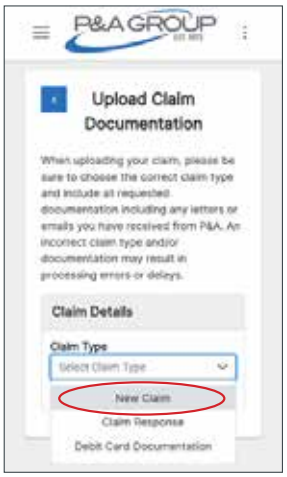
FLEXIBLE SPENDING ACCOUNT

P&A BENEFITS CARD

Your employer offers a Benefits MasterCard for employees who participate in the plan. The Benefits MasterCard works like a debit card. When you incur an eligible expense, swipe your card at the point-of-service and the expense will automatically be deducted from your FSA balance. If you are unable to use your Benefits Card, you can still be reimbursed for all eligible expenses. Save your receipt and submit a claim to P&A Group using one of the methods below. For all purchases, we encourage you to save your receipts in case documentation is requested. A new card will be mailed to your home mailing address prior to the card expiring.

NOTE: This card cannot be used at an ATM machine to withdraw cash.

4 WAYS TO SUBMIT YOUR CLAIMS



P&A Group Mobile App

Download our mobile app and log into your account. Go to the menu and tap Upload Claim/Documentation to submit your claims.

QuikClaim from Your Smartphone

Capture a picture of your receipt or other supporting documentation of your eligible expense. Log into your account from your mobile device at **www.padmin.com** by selecting Account Login and follow the prompts on your screen.

Electronic Claim Upload from Your Computer

Submit claims directly online at P&A's website **www.padmin.com** by logging into your P&A account. Select Upload Claim/Documentation under Member Tools.

Fax or Mail a Paper Claim

Complete a claim form and fax or mail it to P&A Group. Claim forms are available when you log into your account at **www.padmin.com**.

FAX: (877) 855-7105

MAIL: P&A Group 6400 Main St. Ste 210 Williamsville, NY 14221

When submitting a claim make sure to include proof of service/documentation (itemized receipt, etc).

www.padmin.com

MOBILE APP

Manage your account through our mobile app. Go to the App Store or Google Play and search "P&A Group MyBenefits" to download it today!

Download on the App Store | GET IT ON Google Play

- √ Register for account alerts
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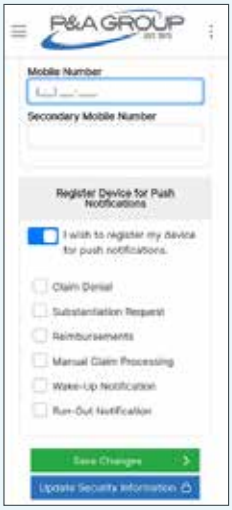

QUESTIONS?

HRS: Monday - Friday
8:30 a.m. - 10:00 p.m. EST.

PH: (716) 852-2611

WEB: www.padmin.com

MAIL: 6400 Main Street
Suite 210
Williamsville, NY 14221

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

Voluntary Term Life Insurance

Help Protect What Matters – You, Your Family & Your Future

We understand you've worked hard to get where you are today. Ensuring your loved ones can maintain financial stability if an unexpected death should occur is something to consider when planning for the future.

We've Got You Covered

As an active employee of City of Albuquerque, you have access to a life insurance policy from United of Omaha Life Insurance Company.

It replaces the income you would have provided, and helps pay funeral costs, manage debt and cover ongoing expenses.

How much insurance is enough?

When determining how much life insurance you need, think about the expenses you may encounter now and through every stage of your life.

Coverage guidelines and benefits are outlined in the chart below.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or child(ren) to be eligible for coverage, you must elect coverage for yourself.
Premium Payment	The premiums for this insurance are paid in full by you.

COVERAGE GUIDELINES			
	Minimum	**Guarantee Issue**	**Maximum**
For You	$10,000	$350,000	$500,000, in increments of $10,000
Spouse	$10,000	100% of employee's benefit, up to $50,000	100% of employee's benefit, up to $500,000
Child(ren)	$2,500	100% of employee's benefit	100% of employee's benefit, up to $10,000

Subject to any reductions shown below. Guarantee Issue is available to new hires. Amounts over the Guarantee Issue will require a health application/evidence of insurability. For late entrants, all amounts will require a health application/evidence of insurability.

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BENEFITS	
Life Insurance Benefit Amount	Within the coverage guidelines defined above, you select the amount of life insurance coverage you want. This plan includes the option to select coverage for your spouse and dependent child(ren). Child(ren) include those up to age 26. In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	Within the coverage guidelines defined in the "Voluntary AD&D Coverage Selection and Premium Calculation" section that follows, you select the amount of AD&D coverage that you want for yourself and your spouse. AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.
FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed $400,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to increase your coverage at your next enrollment by up to $50,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Child Education - Seat Belt - Airbag - Common Carrier - Paralysis
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment or class membership ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com.

AGE REDUCTIONS AND EXCLUSIONS

Insurance benefits and guarantee issue amounts are subject to age reductions:
- At age 70, amounts reduce to 50%

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.
Please contact your employer if you have questions prior to enrolling.

Coverage Selection and Premium Calculation - Employee

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

The premium rates for employees under this plan are contingent upon tobacco use. If you have used tobacco in any form (cigarettes, chewing tobacco, forms of nicotine replacement, etc.) during the last 12 months, you must refer to the tobacco premium table. If not, refer to the non-tobacco premium table.

To select your benefit amount and calculate your premium, do the following:

1) Locate the benefit amount you want from the top row of the employee premium table (tobacco or non-tobacco). Your benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) Find your age bracket in the far left column.
3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want. For example, if you want $150,000 in coverage, you obtain your premium amount by multiplying the rate for $50,000 times 3.

EMPLOYEE PREMIUM TABLE FOR NON-TOBACCO USERS (12 PAYROLL DEDUCTIONS PER YEAR)

Age	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
0 - 29	$0.46	$0.92	$1.38	$1.84	$2.30	$2.76	$3.22	$3.68	$4.14	$4.60
30 - 34	$0.63	$1.26	$1.89	$2.52	$3.15	$3.78	$4.41	$5.04	$5.67	$6.30
35 - 39	$1.08	$2.16	$3.24	$4.32	$5.40	$6.48	$7.56	$8.64	$9.72	$10.80
40 - 44	$1.67	$3.34	$5.01	$6.68	$8.35	$10.02	$11.69	$13.36	$15.03	$16.70
45 - 49	$3.32	$6.64	$9.96	$13.28	$16.60	$19.92	$23.24	$26.56	$29.88	$33.20
50 - 54	$4.98	$9.96	$14.94	$19.92	$24.90	$29.88	$34.86	$39.84	$44.82	$49.80
55 - 59	$7.23	$14.46	$21.69	$28.92	$36.15	$43.38	$50.61	$57.84	$65.07	$72.30
60 - 64	$9.34	$18.68	$28.02	$37.36	$46.70	$56.04	$65.38	$74.72	$84.06	$93.40
65 - 69	$13.98	$27.96	$41.94	$55.92	$69.90	$83.88	$97.86	$111.84	$125.82	$139.80
70 - 74	$26.43	$52.86	$79.29	$105.72	$132.15	$158.58	$185.01	$211.44	$237.87	$264.30
75+	$41.14	$82.28	$123.42	$164.56	$205.70	$246.84	$287.98	$329.12	$370.26	$411.40

EMPLOYEE PREMIUM TABLE FOR TOBACCO USERS (12 PAYROLL DEDUCTIONS PER YEAR)

Age	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000	$90,000	$100,000
0 - 29	$1.07	$2.14	$3.21	$4.28	$5.35	$6.42	$7.49	$8.56	$9.63	$10.70
30 - 34	$1.37	$2.74	$4.11	$5.48	$6.85	$8.22	$9.59	$10.96	$12.33	$13.70
35 - 39	$2.27	$4.54	$6.81	$9.08	$11.35	$13.62	$15.89	$18.16	$20.43	$22.70
40 - 44	$3.19	$6.38	$9.57	$12.76	$15.95	$19.14	$22.33	$25.52	$28.71	$31.90
45 - 49	$6.00	$12.00	$18.00	$24.00	$30.00	$36.00	$42.00	$48.00	$54.00	$60.00
50 - 54	$9.06	$18.12	$27.18	$36.24	$45.30	$54.36	$63.42	$72.48	$81.54	$90.60
55 - 59	$13.25	$26.50	$39.75	$53.00	$66.25	$79.50	$92.75	$106.00	$119.25	$132.50
60 - 64	$16.85	$33.70	$50.55	$67.40	$84.25	$101.10	$117.95	$134.80	$151.65	$168.50
65 - 69	$24.94	$49.88	$74.82	$99.76	$124.70	$149.64	$174.58	$199.52	$224.46	$249.40
70 - 74	$47.61	$95.22	$142.83	$190.44	$238.05	$285.66	$333.27	$380.88	$428.49	$476.10
75+	$73.92	$147.84	$221.76	$295.68	$369.60	$443.52	$517.44	$591.36	$665.28	$739.20

Coverage Selection and Premium Calculation – Dependents

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

To select a benefit amount and calculate the premium for dependent spouse coverage, do the following:

1) Locate the benefit amount you want for your spouse from the top row of the premium table. The benefit amount must be in an increment of $10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) **Your spouse's rate is based on your age,** so find your age bracket in the far left column of the Spouse Premium Table.
3) The premium amount is found in the box where the row (the age) and the column (benefit amount) intersect.
4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life and AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want $100,000 in coverage, you obtain your spouse's premium amount by multiplying the rate for $50,000 times 2.

SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)										
Age	**$10,000**	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
0 - 29	$0.46	$0.92	$1.38	$1.84	$2.30	$2.76	$3.22	$3.68	$4.14	$4.60
30 - 34	$0.63	$1.26	$1.89	$2.52	$3.15	$3.78	$4.41	$5.04	$5.67	$6.30
35 - 39	$1.08	$2.16	$3.24	$4.32	$5.40	$6.48	$7.56	$8.64	$9.72	$10.80
40 - 44	$1.67	$3.34	$5.01	$6.68	$8.35	$10.02	$11.69	$13.36	$15.03	$16.70
45 - 49	$3.32	$6.64	$9.96	$13.28	$16.60	$19.92	$23.24	$26.56	$29.88	$33.20
50 - 54	$4.98	$9.96	$14.94	$19.92	$24.90	$29.88	$34.86	$39.84	$44.82	$49.80
55 - 59	$7.23	$14.46	$21.69	$28.92	$36.15	$43.38	$50.61	$57.84	$65.07	$72.30
60 - 64	$9.34	$18.68	$28.02	$37.36	$46.70	$56.04	$65.38	$74.72	$84.06	$93.40
65 - 69	$13.98	$27.96	$41.94	$55.92	$69.90	$83.88	$97.86	$111.84	$125.82	$139.80
70 - 74	$26.43	$52.86	$79.29	$105.72	$132.15	$158.58	$185.01	$211.44	$237.87	$264.30
75+	$41.14	$82.28	$123.42	$164.56	$205.70	$246.84	$287.98	$329.12	$370.26	$411.40

To select a benefit amount and calculate the premium for dependent child coverage, do the following:

1) Locate the benefit amount you want to select for your child(ren) from the top row of the premium table. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
2) The premium amount is found in the box below the benefit amount.
3) Enter the benefit and premium amounts for your child(ren) into their respective areas in the Voluntary Life section of your enrollment form.

ALL CHILDREN PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)*			
$2,500	**$5,000**	**$7,500**	**$10,000**
$0.60	$1.20	$1.79	$2.39

*Regardless of how many children you have, they are included in the "All Children" premium amounts listed in the table above.

Voluntary AD&D Coverage Selection and Premium Calculation

Please note that the premium amounts presented below may vary slightly from the amounts provided on your enrollment form, due to rounding.

You have the ability to select the amount of AD&D coverage you feel is appropriate for yourself and your eligible dependents. However, there are some guidelines you need to consider when choosing this coverage.

COVERAGE SELECTION GUIDELINES

1) You and each of your eligible dependents must be covered by some level of voluntary term life insurance to be eligible for AD&D coverage.
2) AD&D coverage is not required for you or your eligible dependents, even if you have voluntary term life coverage.
3) Dependent AD&D benefit amounts cannot exceed 100% of your AD&D benefit amount.
4) You and your eligible dependents can select any amount of AD&D coverage between the minimum and the maximum as indicated in the Coverage Guidelines section.

COVERAGE SELECTION AND PREMIUM CALCULATION

To select your benefit amount and calculate your premium, do the following:

1) Locate the benefit amount you want to select from the top row of the employee premium table. Your benefit amount must be in an increment of 10,000.
2) Locate the corresponding premium amount in the row below.
3) Enter your benefit and premium amounts into their respective areas in the AD&D section of your enrollment form.

If the benefit amount you want to select is greater than any amount in the table below, select the benefit amount from the top row that when multiplied by another number results in the benefit amount you want to select. For example, if you want $150,000 in coverage, you obtain your AD&D premium amount by multiplying the rate for $50,000 times 3.

EMPLOYEE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)									
$10,000	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
$0.01	$0.02	$0.03	$0.04	$0.05	$0.06	$0.07	$0.08	$0.09	$0.10

Follow the method described above to calculate premiums for optional dependent spouse coverage. Your spouse's benefit amount must be in an increment of $10,000. Dependent AD&D benefit amounts cannot be more than 100% of your AD&D benefit amount.

SPOUSE PREMIUM TABLE (12 PAYROLL DEDUCTIONS PER YEAR)									
$10,000	**$20,000**	**$30,000**	**$40,000**	**$50,000**	**$60,000**	**$70,000**	**$80,000**	**$90,000**	**$100,000**
$0.01	$0.02	$0.03	$0.04	$0.05	$0.06	$0.07	$0.08	$0.09	$0.10

Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 20 hours per week.

Your dependent(s) must be performing normal activities and not be confined (at home or in a hospital/care facility) and any child(ren) must be under age 26.

What is Guarantee Issue?

The amount of insurance applied for without answering any health questions (or which does not require evidence of insurability). Coverage amounts over the Guarantee Issue Amount will require evidence of insurability.

What is Evidence of Insurability?

Evidence of Insurability or proof of good health – may be required if you are a late entrant and/or you request any additional coverage above your guarantee issue amount.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you or your insured spouse may have the right to continue this insurance under the Portability or Conversion provision, subject to certain conditions.

Are there any limitations, reductions or exclusions?

The benefits payable are based on the following:

- Insurance benefits and guarantee issue amounts are subject to age reductions:

  - At age 70, amounts reduce to 50%
- Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.
- Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.

All exclusions may not be applicable, or may be adjusted, as required by state regulations.

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Voluntary Short-Term Disability Insurance

How Would You Pay Your Bills if You Were Sick or Injured Temporarily?

Even a short illness or injury could seriously impact your paycheck. Sick time will get you by while it lasts, but what happens when your sick days run out? A short-term disability policy provides you with cash benefits when you need it.

We've Got You Covered

As an active employee of City of Albuquerque, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A disability income insurance policy can help provide security when you need it, plus give you peace of mind so you can recover faster and get back on the job sooner.

Coverage guidelines and benefits are outlined below.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES EXCLUDING HOUSING AUTHORITY EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: • On the 31st day of your disabling injury. • On the 31st day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 22 weeks
Maximum Weekly Benefit	$1,155
Minimum Weekly Benefit	$10

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Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a weekly benefit increase of 5%.
Portability	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

Use the premium factor in the table provided below to calculate your premium for voluntary short-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION		EXAMPLE *(42-year-old employee earning $40,000 a year)*
List your weekly earnings (Maximum is $1,925)	$ _____	$ *769.23*
Multiply by the premium factor	0.0192600	*0.0192600*
Your Estimated Monthly Premium**	$ _____	$ *14.82*

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 20 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

No, your STD insurance only provides benefits for off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/6 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 6 months of coverage, would not be covered.

Benefits are not payable for any disability or loss that:

- Results from an act of declared or undeclared war
- Results from participation in a riot or commission of or attempt to commit a felony
- Arises out of or in the course of employment with the policyholder for benefits under any workers' compensation or occupational disease law, or receives any settlement from the workers' compensation carrier
- Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury, or attempted suicide
- Occurs while incarcerated or imprisoned in a penal or correctional facility for any period exceeding 31 days

All exclusions may not be applicable, or may be adjusted, as required by Interstate Insurance Product Regulation Commission standards.

Can I take this insurance with me if I change jobs/am no longer a member of this group?

In the event this insurance ends due to a change in your employment/membership status with the group, or for certain other reasons, you have the right to port your coverage to a group trust plan, subject to certain conditions.

This information describes some of the features of the benefits plan. Benefits may not be available in all states. Please refer to the certificate booklet for a full explanation of the plan's benefits, exclusions, limitations and reductions. Should there be any discrepancy between the certificate booklet and this summary, the certificate booklet will prevail. Benefits availability is subject to final acceptance and approval of the group application by the underwriting company. Disability income insurance is underwritten by United of Omaha Life Insurance Company, 3300 Mutual of Omaha Plaza, Omaha, NE 68175, 1-800-769-7159. United of Omaha Life Insurance Company is licensed nationwide, except in New York. Policy form number ICC21 G2021MP.

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Voluntary Long-Term Disability Insurance

Your Ability to Earn an Income May Be Your Most Important Asset

Most people don't think twice about insuring their home, automobile or health. However, many people don't recognize just how important it is to insure their income.

We've Got You Covered

As an active employee of City of Albuquerque, you have access to a disability income insurance policy from United of Omaha Life Insurance Company.

A lengthy disability can be devastating, and is more common than you might think. It may lead to a loss of income, independence and financial security.

A disability income insurance policy can help provide security when you need it most. It pays you cash benefits when you're sick or hurt and can't work.

Coverage guidelines and benefits are outlined in the chart below.

ELIGIBILITY - ALL ELIGIBLE EMPLOYEES EXCLUDING HOUSING AUTHORITY EMPLOYEES	
Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	$5,000
Minimum Monthly Benefit	$100/10%
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.

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Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.
DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

Use the rates in the Age/Premium Factor Table to calculate your premium for voluntary long-term disability coverage in the worksheet below, using the example as a guide.

MONTHLY PREMIUM CALCULATION		EXAMPLE *(42-year-old employee earning $40,000 a year)*
List your monthly earnings (Maximum is $8,333.33)	$ _____	$ *3,333.33*
Multiply by the premium factor	_____	*0.0044600*
Your Estimated Monthly Premium**	$ _____	$ *14.87*

AGE	PREMIUM FACTOR
< 30	0.0021800
30 - 39	0.0033800
40 - 44	0.0044600
45 - 49	0.0064100
50 - 54	0.0083500
55 - 59	0.0099600
60+	0.0103000

**This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Frequently Asked Questions

Who is eligible for this insurance?

You must be actively working (performing all normal duties of your job) at least 20 hours per week.

How long will my benefits be paid?

Benefits begin after the end of the elimination period and can be payable up to the maximum benefit period as long as you remain disabled.

Will my benefits be reduced by other sources of income?

Yes, depending on the type of income you receive. Your benefit amount may be reduced by other sources of income such as retirement/government plans, other group disability plans, salary continuance/sick leave, settlements on payments received and no-fault benefits.

Does this plan cover me if I become disabled due to an injury at work?

Yes, your LTD insurance provides benefits for both on-the-job and off-the-job coverage for disabilities due to injury or sickness.

Are there any limitations or exclusions?

The benefits payable are subject to the following:

- Disabilities related to alcohol and drug abuse are only payable for up to 24 months while insured under the policy.
- Disabilities related to mental disorders are only payable for up to 24 months while insured under the policy.
- Your plan is subject to a pre-existing condition limitation. A pre-existing condition is one for which you have received medical treatment, consultation, care or services including diagnostic measures, or if you were prescribed or took prescription medications in the predetermined time frame prior to your effective date of coverage. The pre-existing condition under this plan is 3/12 which means any condition that you receive medical attention for in the 3 months prior to your effective date of coverage that results in a disability during the first 12 months of coverage, would not be covered.

Benefits are not payable for any disability or loss that:

- Results from an act of declared or undeclared war
- Results from participation in a riot or commission of or attempt to commit a felony
- Results, whether the insured person is sane or insane, from an intentionally self-inflicted injury, or attempted suicide
- Results from alcohol and drug abuse and/or substance abuse, except as noted above
- Results from a mental disorder, except as noted above
- Is caused by alcohol and drug abuse and/or substance abuse, while not being actively supervised by and receiving continuing treatment from a rehabilitation center or designated institution approved for such treatment by an appropriate body in the governing jurisdiction
- Occurs while incarcerated or imprisoned in a penal or correctional facility for any period exceeding 31 days

All exclusions may not be applicable, or may be adjusted, as required by Interstate Insurance Product Regulation Commission standards.

Mutual Solutions

Will Preparation Services

Services provided by Epoq, Inc.

Create your will at
www.willprepservices.com
and use the code MUTUALWILLS
to register

Creating a will is an important investment in your future. It specifies how you want your possessions to be distributed after you die.

Whether you're single, married, have children or are a grandparent, your will should be tailored for your life situation.

That's why it's good you have access to FREE online will preparation services provided by Epoq, Inc. (Epoq).

Easy, Free and Secure

Epoq offers a secure account space that allows you to prepare wills and other legal documents. Create a will that's tailored to your unique needs from the comforts of your own home.

Epoq provides the following FREE documents:

- Last Will and Testament
- Power of Attorney
- Healthcare Directive
- Living Trust

Here's how it works:

- Log on to www.willprepservices.com and use the code MUTUALWILLS to register
- Answer the simple questions and watch the customization of your document happen in real time
- Download, print and share any document instantly
- Don't forget to update your documents with any major life changes, including marriage, divorce, and birth of a child
- Make the document legally binding — Check with your state for requirements

Mutual of Omaha

Underwritten by
United of Omaha Life Insurance Company
A Mutual of Omaha Company

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GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS

Nearly 3 million emergency department visits every year are caused by youth sports.[1]

City of Albuquerque

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

To learn more about Accident insurance, visit **www.thehartford.com/employee-benefits/employees**

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		
Coverage Type		Off-job only
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	$113
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	Up to $38
Ambulance – Air	Once per accident within 72 hours	$900
Ambulance – Ground	Once per accident within 90 days	$400
Blood/Plasma/Platelets	Once per accident within 90 days	$200
Child Care	Up to 30 days per accident	$25
Daily Hospital Confinement	Up to 365 Days/lifetime (Total daily and ICU)	$200
Daily ICU Confinement	Up to 30 Days/accident (Subject to 365 Days/lifetime)	$400
Diagnostic Exam	Once per accident within 90 days	$300
Emergency Dental	Highest benefit once/accident within 90 Days	Up to $300
Emergency Room	Once per accident within 72 hours	$300
Hospital Admission	Once per accident within 90 days	$1,000
Initial Physician Office Visit	Once per accident within 90 days	$75
Lodging	Up to 30 nights per lifetime	$125
Medical Appliance	Once per accident within 90 days	$100
Rehabilitation Facility	Up to 15 days per lifetime within 90 days	$100
Transportation	Up to 3 trips per accident	$300
Urgent Care	Once per accident within 72 hours	$113
X-ray	Once per accident within 90 days	$50
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident within 90 days	$1,000
Arthroscopic Surgery	Once per accident within 90 days	$300
Burn	Once per accident within 72 hours	Up to $15,000
Burn – Skin Graft	Once per accident	25% of burn benefit
Concussion	Up to 3 per year within 72 hours	$150
Dislocation	Once per joint per lifetime (open or closed)	Up to $8,000
Eye Injury	Highest benefit once/accident within 90 Days	Up to $400
Fracture	Once/bone/accident within 90 Days	Up to $9,000

Hernia Repair	Once per accident within 365 days	$150
Knee Cartilage	Highest benefit once/accident within 72 Hours	Up to $750
Laceration	Highest benefit once/accident within 72 Hours	Up to $600
Ruptured Disc	Once per accident within 365 days	$750
Tendon/Ligament/Rotator Cuff	Once per accident	Up to $1,000
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	$50,000
Common Carrier Death	Within 90 days	$100,000
Coma	Once per accident (>168 hours within 90 days)	$10,000
Dismemberment	Once per accident within 90 days	Up to $30,000
Home Health Care	Up to 30 days per accident	$50
Paralysis	Once per accident within 90 days	Up to $10,000
Prosthesis	Once per accident	Up to $1,500
FEATURES		
Ability Assist® EAP[2] – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion[SM3] – Administrative & clinical support following serious illness or injury		Included

ASKED & ANSWERED

WHO IS ELIGIBLE?
You are eligible for this insurance if you are an active regular employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 25.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?
Yes. Any reference to “spouse” in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?
This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

WHEN CAN I ENROLL?
You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?
Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?
This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?
Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

[1]National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf, as viewed as of 10/14/2020

[2]AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.

[3]HealthChampion services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn’t provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states.
Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.

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GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS

In the US, an estimated 40 out of 100 men and 39 out of 100 women will develop cancer during their lifetime.[1]

City of Albuquerque

Facing a serious illness can be challenging both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. Critical Illness insurance can provide a lump-sum benefit upon diagnosis of a covered illness that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.

To learn more about Critical Illness insurance, visit **www.thehartford.com/employee-benefits/employees**

COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

COVERAGE AMOUNT	
Employee Coverage Amount	$15,000 or $30,000
Spouse Coverage Amount	50% of your coverage amount
Child(ren) Coverage Amount	50% of your coverage amount
COVERED ILLNESSES	**BENEFIT AMOUNTS**
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	100% of coverage amount
Non-melanoma Skin Cancer	$250 once per lifetime for each covered person
VASCULAR CONDITIONS	
Heart Attack (Myocardial Infarction)*; Heart Failure/Transplant*; Stroke*	100% of coverage amount
Aneurysm	25% of coverage amount
Angioplasty/Stent	25% of coverage amount
Coronary Artery Bypass Graft	50% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Failure Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
NEUROLOGICAL CONDITIONS	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's); Advanced Alzheimer's Disease	100% of coverage amount
CHILD CONDITIONS	
Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida;	100% of coverage amount
ADDITIONAL BENEFITS	**BENEFIT AMOUNTS**
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of original benefit amount
Health Screening Benefit	$50 once per year per covered person
FEATURES	**DETAILS**

Coverage Maximum – Primary Insured & Spouse	1,000% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
Ability Assist® EAP[3]– 24/7/365 access to help for financial, legal or emotional issues	
HealthChampion℠[4] – Administrative and clinical support following serious illness or injury	

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active regular employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependents) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

[1]Cancer Facts and Figures, 2020. American Cancer Society: https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/annual-cancer-facts-and-figures/2020/cancer-facts-and-figures-2020.pdf, as viewed on October 14, 2020.

[3]AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.

[4]HealthChampion℠ services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion℠ specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states. Visit https://www.thehartford.com/employee-benefits/value-added-services for more information.

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LIMITATIONS & EXCLUSIONS

This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

GROUP ACCIDENT INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying,racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

GROUP CRITICAL ILLNESS INSURANCE

LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

Benefit Separation Periods. If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then a 30 day separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 30 day separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 3 month separation period applies.

Exclusions. This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

General Limitations. Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)

- Diagnosed during an applicable benefit separation period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a recurrence provision
- For which a covered person has already received a benefit payment under the recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in your certificate.

NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Critical Illness or specified disease plan are not eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962f NS 05/21 Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

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Did you know...

PERA SmartSave
Deferred Compensation Plan

City of Albuquerque employees can join a plan to help you have a more secure retirement?

*The **New Mexico PERA SmartSave Deferred Compensation Plan** was created to be your plan before, during and after retirement.*

- Voluntary, supplemental 457b retirement plan
- Dedicated resources, education and individual attention from the Plan's CABQ outreach representative
- Automatic payroll deduction
- Lower administrative fees
- Variety of investment choices
- Save on a pre-tax and/or Roth after-tax basis
- PERA Board oversight
- Withdrawals are taxable in the year you take for pre-tax balances.
- Assets may be used to purchase PERA and ERA service credit on a pre-tax basis
- Access to thousands of investment options via Schwab PCRA*
- Loan provision and unforeseeable emergency assistance
- Access to your account. Anywhere. Any time. Any device.

Connect with your local Voya Plan representative

Paul Lium

Your local Voya representative** is available to assist you with a variety of services designed to help you review your specific situation and develop a plan that helps you work toward your retirement objectives.

Call:
(505) 699-8548

Email:
paul.lium@voya.com

* Schwab Personal Choice Retirement Account® (PCRA) is offered through Charles Schwab & Co., Inc. (Member SIPC), a registered broker-dealer which also provides other brokerage and custody services to its customers. ©2024 Charles Schwab & Co., Inc. All rights reserved. Used with permission. Charles Schwab and Voya Financial are separate and unaffiliated and are not responsible for each other's policies or services.

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How to access plan information and **enroll** in the NM PERA Smart Save Deferred Compensation Plan

1. Go to **PERASmartSave.voya.com** or call **833-424-SAVE (7283)** to speak with a Voya Customer Service Associate.

2. On the homepage, click on *Preview the Voluntary 457 Plan Features* in the upper right corner for useful information about the Plan and how it works. Click on each of the tabs at the top of the page, especially *Get to know your Plan*.

3. To enroll in the Plan, click on the gray *Enroll Here* box on the homepage. Follow the easy to use, step by step instructions.

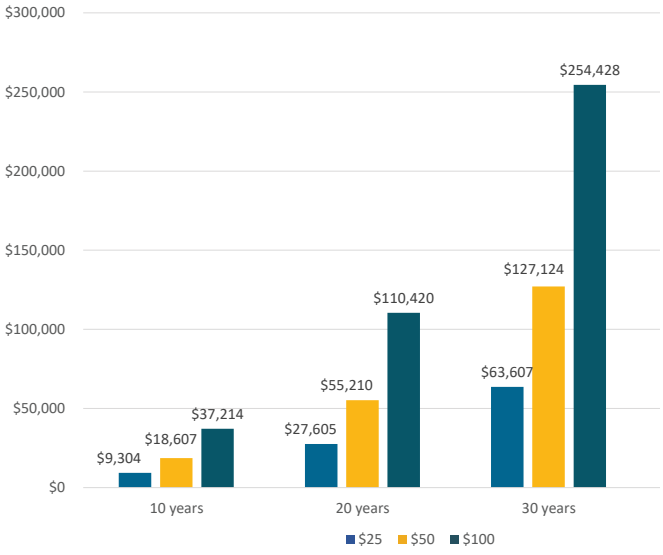
4. For step-by-step instructions and examples on how to enroll on-line, go to *Updates & Notices* on the homepage and click on *Online Enrollment Instructions*.

5. A hardcopy enrollment form can be accessed from the drop down menu, under the *Plan Information* section on the homepage. Complete and submit.

6. After you have enrolled in Plan, a letter will be sent to you that contains a PIN. Use it to create your on-line account access by going to the homepage and clicking on the *Register Now* link.

It's important to start early

Regardless of the option you choose, you may wish to consider starting early. Waiting may have an impact on how much you can save for your future. Here's an illustration based on saving $25 $50 or $100 per month for retirement.



These hypothetical examples assume the following: 6% annual interest, 24 contributions per year, and end-of-month contributions. This example is not guaranteed and your actual results may vary. Systematic investing does not ensure a profit nor guarantee against a loss in declining markets. You should consider your financial ability to consistently invest in up as well as down markets.

IMPORTANT: The illustrations or other information generated by the calculators are hypothetical in nature, do not reflect actual investment results, and are not guarantees of future results. This information does not serve, either directly or indirectly, as legal, financial or tax advice and you should always consult a qualified professional legal, financial and/or tax advisor when making decisions related to your individual tax situation.

** Information from registered Plan Service Representatives is for educational purposes only and is not legal, tax or investment advice. Local Plan Service Representatives are registered representatives of Voya Financial Advisors, Inc., member SIPC.

Plan administrative services are provided by Voya Institutional Plan Services, LLC (VIPS). VIPS is a member of the Voya® family of companies and is not affiliated with New Mexico PERA.

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Let's connect to discuss your workplace retirement plan benefits.

corebridge financial

I'm here to help you take action for your financial future.

Daniel Aviles Jr.
Financial Advisor
281.878.2851
daniel.avilesjr@corebridgefinancial.com

Scan here to schedule convenient

Sara Beltran
Financial Advisor
505.526.8634
sara.beltran@corebridgefinancial.com

Scan here to schedule convenient

ONE ALBUQUERQUE

MissionSquare RETIREMENT

Meet Your Retirement Plans Specialist

Julie Flores

Retirement Plans Specialist, City of Albuquerque

202.809.2113 | jaflores@missionsq.org

On Site Appointments :https://sfdc.missionsq.org/event?SiteId=a0lj0000003QNiwAAG
VIrtual Appointments: https://sfdc.missionsq.org/event?SiteId=a0l3a00000GyXE0AAN

Your MissionSquare Retirement Plans Specialist is motivated every day to help you build a path to financial security. Your Retirement Plans Specialist is responsible for providing on-site services, including enrollment, investment education, retirement readiness education, and individual informational meetings. **To help serve you better, use the contact guide below:**

Contact your Retirement Plans Specialist, if you need assistance with:

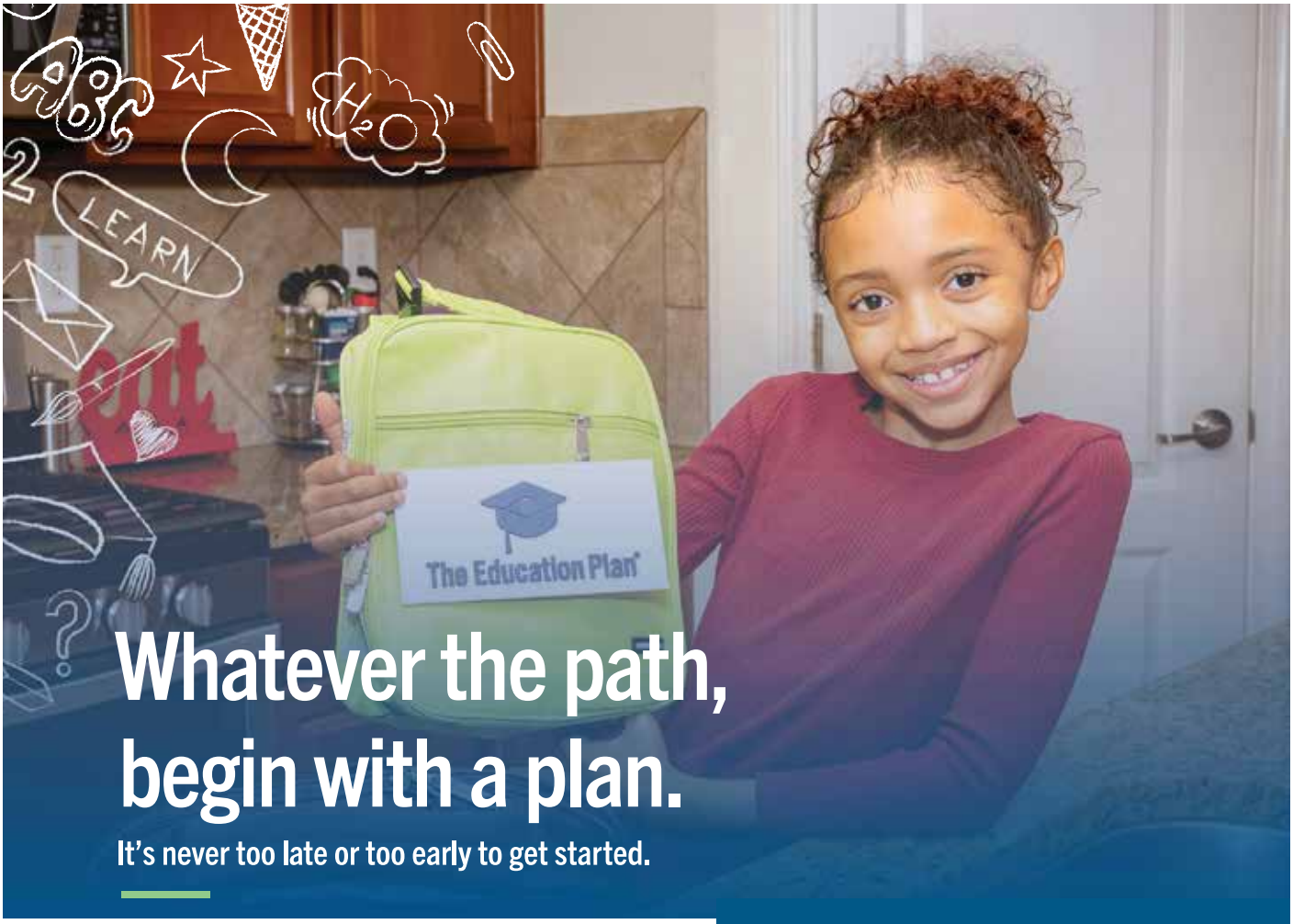
- Enrollment questions
- Roll-ins into your MissionSquare account
- Investment education, account management, and how much to save
- A pre-retirement checkup

Visit the Retirement Education Center at www.missionsq.org/education for tips and tools to help you save, invest, and realize retirement.

Access your account at www.missionsq.org or contact MissionSquare Participant Services at (800) 669-7400, if you need assistance with:

- Account login or website resources
- Changing or verifying your 457 plan or Roth IRA contribution amount *(Roth IRA contributions can only be changed online.)*
- Investment changes *(allocations and transfers between funds)*
- Withdrawals or distributions
- Forms and brochure requests
- Balance and quarterly statement inquiries
- Account maintenance and transactions
- Personal information updates
- All other questions

ONE ALBUQUERQUE



Whatever the path, begin with a plan.

It's never too late or too early to get started.

What is a 529 Education Savings Plan?

A 529 education savings plan is a smart, tax-advantaged way to save money now and grow it over time to help cover the cost of future ducation. Your account grows tax-free and withdrawals are tax-free if used for qualified education expenses such as tuition and fees, room and board, books and computers. The money may be used at schools across the United States, both traditional and online. You can also use funds to pay for K-12 private tuition and expenses- up to $10,000* per year, apprenticeship and credentialing expenses, and up to $10,000 in student loan repayment.

It Pays to Live in New Mexico.

New Mexico's 529 plan, "The Education Plan®," offers an exclusive, state income tax deduction on contributions by residents, when funds are used to pay for qualified expenses.

Questions?

For more information, contact The Education Plan at **1.877.337.5268** to speak with a representative or visit **TheEducationPlan.com.**

*Limit increase to $20,000 in January of 2026.

Benefits:

- Helps reduce the burden of student loan debt
- Flexible use for any aspiring student, regardless of age, career path or socio-economics
- No minimum initial contribution required
- Contributions grow tax free and may even be tax-deductible
- Gift contributions for birthdays, holidays and graduations help grow savings
- Beneficiaries are transferrable

The Education Plan®
A little today goes a long way

Call 1.877.337.5268 or visit theeducationplan.com to obtain a Plan Description and Participation Agreement, which includes investment objectives, risks, charges, expenses, and other important information; read and consider it carefully before investing. The Education Plan® and The Education Plan® Logo are registered trademarks of The Education Trust Board of New Mexico used under license.

ONE ALBUQUERQUE

Group auto and home* insurance program

An insurance program that goes the extra mile

Insurance for the unexpected with policies you can customize to fit the way you live.

A range of products to suit your needs

Everyone has different needs at different stages of life, and your insurance needs are unique, too. That's why we offer a wide range of products and services — so you can choose the right fit. Our policies include:

- Auto
- Home
- RV
- Renters
- Flood[1]
- Boat
- Motorcycle
- Trailer
- Condo
- Personal excess liability
- Landlord's rental dwelling
- Bundled packages
- and more

Savings advantages of workplace voluntary benefits

- ✓ Group discounts
- ✓ Long-term employment discount[2]
- ✓ Automatic payment discount
- ✓ Multi-policy discounts

Value-added extras

We offer value-added programs that can help you keep moving forward — at no additional cost.

Contractor services

We work with **Crawford Contractor Connection**, the largest independent national network of general and specialty contractors, with 20+ years of experience, prescreened contractors, and industry-leading 2-year workmanship guarantee.

Guaranteed repairs[3]

Our Guaranteed Repair Program provides customers access to quality auto repair shops that provide service guarantees for as long as the customer owns the vehicle. Choice of repair shop is always up to the insured.

Identity protection services[4]

Identity theft is a real threat. We provide assistance with notifying credit bureaus, government agencies, and law enforcement of identity theft, as well as a full year of proactive follow-up calls and status checks.

Industry-leading coverage that gives you confidence

Sometimes, things go wrong. Our product advantages can help make things right for you:

- **Bundled packages** - Discounts when both auto and home insurance are with Farmers GroupSelect
- **Replacement cost coverage**[5] - Repair or replacement of new vehicles – no deduction for depreciation
- **Replacement cost for special parts**[6] - Repair or replacement of certain parts, regardless of their wear and tear at the time of the accident
- **Replacement cost coverage on home**[7] - Rebuild home at today's rebuilding cost, even if that takes it over the policy's limit
- **Deductible Savings Benefit**℠[8] - Rewards policyholders with $50 for every year of claim-free driving for up to five years. And policyholders can use the reward to pay for their deductibles

Easy to apply for, and convenient options for easy policy service

You can apply for coverage when the time is right for you, not just during open enrollment. We offer several ways to buy and manage coverage, and information is available 24/7:

Phone: One toll-free number lets you select coverage, file claims, and even check on their status by phone. Call us at **855-578-2144**.

Web: You can easily and conveniently submit claims online.

Mobile: Our mobile app provides a simple way for policyholders to access their coverage on the go.

*Home insurance has limited availability in MA and is not part of the Farmers GroupSelect program in FL and CA.

[1] Flood insurance is underwritten by Farmers GroupSelect as a "Write Your Own" carrier participating in the National Flood Insurance Program (NFIP), a program administered and 100% reinsured by the federal government. There is no group deviation for flood insurance.

[2] Not available in MA and select other states.

[3] Under our guaranteed repair program, repairs necessitated by a covered loss, if performed at one of the thousands of shops in our nationwide program, are guaranteed coast to coast for as long as the insured owns his or her vehicle. Participation in our repair program is voluntary; insureds may elect any repair shop, but only repairs done in network are guaranteed.

[4] Identity protection services are not available to auto customers in NC or NH nor with all policy forms. Identity protection services are available in NC homeowners' policies with the optional "Identity Theft Expense and Resolution Plus" endorsement for an additional premium.

[5] Replacement cost for total loss: Applies within the first 12 months, or, depending on policy form, within the first 15,000 miles of ownership, whichever comes first.

[6] Not available in NC. See policy for restrictions. Deductible applies.

[7] Capped in FL to 120% of coverage amount. Deductible applies. See policy for restrictions.

[8] Not available in all states. NY drivers must pay a state-required minimum deductible before using this benefit. Benefit can be earned for up to 5 years.

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ONE ALBUQUERQUE

City of Albuquerque

Legal Insurance from ARAG

Be protected when *legal happens.*

How Legal Happens in Your Life

Did you know that **3 out of 4** individuals have faced legal troubles in the past three years?[1] Most people believe legal troubles are rare, once-in-a-lifetime events, but they're **far more common** than you think. A legal insurance plan from ARAG® covers a **wide range of legal needs** like the examples below to help you address life's legal situations.

Protecting Your Growing Family

- Create a pre-marital agreement before your wedding.
- Your child gets expelled from school.

Managing Your Home, Protecting Your Assets

- Your neighbor's ugly fence is on the property line.
- Your landlord won't fix the heater.

A Place to Turn During Life's Challenges

- You get caught speeding.
- Your dog bites a neighbor.

Protection As a Consumer

- The mechanic botches your car repair.
- Your dream vacation gets canceled with no refund.

Financial Challenges

- Your ID was stolen on vacation.
- You can't get out of debt.

Plus 100+ more ways to use your plan!

How Does ARAG Legal Insurance Protect?

When the unexpected happens, having legal insurance can provide you with **protection** and **peace of mind**.

Work with a network attorney and attorney fees are **paid in full** for most covered matters.

Save thousands of dollars, on average, for legal matters by avoiding costly legal fees.

Use DIY Docs® to create, edit and store **state-specific legal documents**, like wills or powers of attorney.

We help connect you with attorneys – many who average 20+ years of experience.

Address your covered legal situations with a network attorney who is **only a phone call away**.

Your network attorney can help **throughout your legal matter**, including preparing and reviewing legal documents, offering legal advice and representing you in court.

[1]ARAG Stress Research Study, general consumers and members with known legal issues, October 2022.

Using Your Legal Plan Is Easy

When you face a legal issue, getting help from ARAG is as simple as using your medical plan.

To get started, you can go online, use the ARAG Legal app or call Customer Care.

Answer a few questions to confirm your coverage and receive information on network attorneys who can help with your legal matter.

Then, meet with a network attorney virtually, over the phone or in person.

What Does It Cost?

ARAG legal insurance provides **affordable** coverage with **more than 100+** ways to use your plan for both simple and complex legal issues, benefiting you and your family.

UltimateAdvisor®

Family: **$21.94 monthly**
Two-Party: **$21.39 monthly**
Individual: **$17.17 monthly**

Want More Information?

Scan the QR Code and learn more about your legal insurance plan, like a list of all coverages, plan cost savings calculator or network attorneys in your area.

Or, visit **ARAGlegal.com/myinfo** and enter Access Code: **16742coa**

Or, call ARAG at **800-247-4184**

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ONE ALBUQUE RQUE human resources | kashable

Personal Loans For The City of Albuquerque Employees

No hidden fees.[1] No prepayment penalties.
Personal loans for life's unexpected moments.

How It Works

1 - Visit **kashable.com** to register and check your rate.

2 - If approved, you will receive funds in as little as 1 day[2].

3 - Repayments are repaid through payroll deduction. You can repay early with no penalty.

Check Your Rate

Quick Delivery Of Funds

Loan Amounts Up To $3,000

6 to 36 month repayment terms[1]

1 - Loan examples: An 18-month $5,000.00 loan with a 22.33% interest rate and an origination fee of $225.00 has 37 scheduled payments of $160.64 each for an APR of 28.50%. A 36-month $30,000.00 loan with a 10.02% interest rate and an origination fee of $1,500 has 72 scheduled payments of $482.15 each for an APR of 13.67%.

2 - Funds are disbursed in as little as one business day from approval (not including weekends or holidays) and timeframes may depend upon your bank's policies.

Personal loans through the Kashable branded loan program are subject to approval, are not depository products and are made by either Medallion Bank, Member FDIC; or Kashable LLC, NMLS ID 1373339.

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Contacts and Resources

Employer

Offices	Contact Numbers
City of Albuquerque Insurance and Benefits Office 400 Marquette NW, Room N7200 PO Box 1293 Albuquerque, NM 87103	(505) 768-3758 phone (505) 768-3760 fax employeebenefits@cabq.gov
Public Employees Retirement Association (PERA) Albuquerque Office – 2500 Louisiana Blvd NE, Suite 420 www.pera.state.nm.us	(505) 383-6550 phone (505) 383-6550 Albuquerque (800) 342-3422 toll free

Benefit Vendors

Product	Company Name	Group Number	Contact Information
Medical	Blue Cross Blue Shield	NM324605	844-666-2521 bcbsnm.com/cabq
	UnitedHealthcare	935128	844-865-3663 whyuhc.com/cabq
Prescriptions	Optum Rx	CABQ	Dedicated Number: 800-372-8563 Specialty Number: 877-838-2907
Dental	Delta Dental	8568	877.395-9420 http://www.deltadentalnm.com/ http://www.memberportal.com/
Dental	BlueCare Dental	NM324605	855-346-2015 bcbsnm.com/cabq
Vision	DavisVision	8985	(800) 999-5431 www.davisvision.com
Life (Term) City paid Life (Term) Employee Paid	Mutual of Omaha	0462G000BK9Y	844-359-0462 402-997-1835 Fax submitgrplife@ mutualofomaha.com
Short Term Disability	Mutual of Omaha	0462G000BK9Y	844-359-0462 402-997-1865 Fax newdisabilityclaim@ mutualofomaha.com
Long Term Disability	Mutual of Omaha	0462G000BK9Y	844-359-0462 402-997-1865 Fax newdisabilityclaim@ mutualofomaha.com
Accident and Critical Illness	The Hartford	681594	(866) 547-4205 thehartford.com/benefits/ myclaim

Contacts and Resources

Product	Company Name	Group Number	Contact Information
Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit)	P&A Administrative Services		1-800-688-2611 www.padmin.com
Auto & Home	Farmers Group Select		800-438-6381 www.myautohome.farmers.com
Legal	ARAG		800-247-4184 http:/ARAGLegalCenter.com
Loan Program	Kashable Loan Vendor		1-646-663-4353 Kashable: Financial Wellness for Employees support@kashable.com
Deferred Compensation IRC 457	MissionSquare	300476	Julie Flores (202) 809-2113 JAFlores@missionsq.org
Deferred Compensation IRC 457	Corebridge Financial	56737	Anita Atencio (505) 469-8154 anita.atencio@ corebridgefinancial.com
Deferred Compensation IRC 457	Voya Pera Smartsave Deferred Comp	007844	Paul Lium 505-699-8548 www.my.voya.com
New Mexico 529 Education Plan	TheEducationPlan.com		TheEducationPlan.com
BetterHealth Primary Care Clinic	Health by Design		400 Marquette NW, Ste B606 Albuquerque, NM 87102 (505) 602-WELL (or 9355) Website: https://MyHealthByDesign


BlueCross BlueShield
of New Mexico


United
Healthcare


BlueCare Dental℠


DELTA DENTAL


DavisVision™


OPTUMRx®


corebridge
financial


THE
HARTFORD


PERA SmartSave
Deferred Compensation Plan


Mutual of Omaha


The Education Plan.com
A little today goes a long way


FARMERS
INSURANCE


MissionSquare
RETIREMENT


ARAG


P&A GROUP
EST. 1975