

Total Rewards  
Total You

Employer Sponsored  
**Group**  
Benefits



Contract Year  
July 1, 2025  
through  
June 30, 2026



City of Albuquerque





**ONE**  
**ALBUQUE**  
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# Table of Contents

Total Rewards Letter .....	1
Rules and Regulations – Guidelines for Enrollment .....	2
City of Albuquerque Biweekly Insurance Rates .....	8
United Healthcard Benefit Options.....	9
Blue Cross BluShield of New Mexico Benefit Options.....	24
Blue Access for Members .....	26
Blue 365 .....	27
24/7 Nurseline .....	29
Get The Right Care for Your Mental Health.....	30
Blue Cross Provider Finder® .....	34
Hinge Health .....	35
Health Advocates .....	40
CABQ Employee Assistance Program (EAP).....	42
Optum RX .....	43
BlueCare Dental .....	46
BlueCare Dental Enhanced Benefit.....	49
BlueCard PPO .....	50
DavisVision Vision Plan .....	51
One Pass Select .....	53
BetterHealth Primary and Pediatric Clinic.....	55
Flexible Spending Account .....	57
Basic Life Insurance .....	59
Voluntary Term Life Insurance .....	60
Voluntary Short-Term Disability Insurance .....	61
Voluntary Long-Term Disability Insurance .....	62
The Hartford Accident Insurance .....	63
Critical Illness Insurance .....	66
Education Savings Plan .....	70
Oviahealth Reproductive Services .....	71
ARAG Legal Insurance .....	72
Contacts and Resources.....	73

*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*





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](http://cabq.gov/humanresources/totalrewards).

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

Sincerely,

The Total Rewards, Total You Team



## Rules and Regulations – Guidelines for Enrollment

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

### **Who is Eligible:**

- Regular employees (including those on probation)
- Elected officials
- Legal spouse of an employee
- Domestic Partner of an employee\*
- Children who are under age 26 AND meet at least one of the following criteria:
  - Natural child of the employee, spouse or domestic partner
  - Placed in the employee's home and in process of being adopted by the employee, spouse or domestic partner
  - Adopted by the employee, spouse or domestic partner
  - Court order that requires the employee, spouse or domestic partner provide health insurance coverage for the child
  - Court document that shows the employee, spouse or domestic partner has full, permanent custody of the child
  - Children over age 26 may **continue** participating in the group insurance plans if they are physically or mentally 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  
Single Parent

Employee Plus Spouse or Domestic Partner  
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
- **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](http://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 1<sup>st</sup> paycheck containing July 1<sup>st</sup>, without you having to make a new election.

Benefit changes elected during open enrollment are effective on July 1<sup>st</sup> or if you are cancelling coverage then the last day of coverage will be June 30<sup>th</sup>. 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 26<sup>th</sup> 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 FY2026

### July 1, 2025 - June 30, 2026

Medical Insurance	Employee pays 20% City pays 80%		
Blue Cross Blue Shield/UnitedHealthcare			
	Employee*	City	Total
Single	59.15	236.61	295.76
Couple	120.35	481.42	601.77
S/Parent	95.02	380.07	475.09
Family	173.70	694.78	868.48

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
Rate per \$100 of BW Salary	
Age	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

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

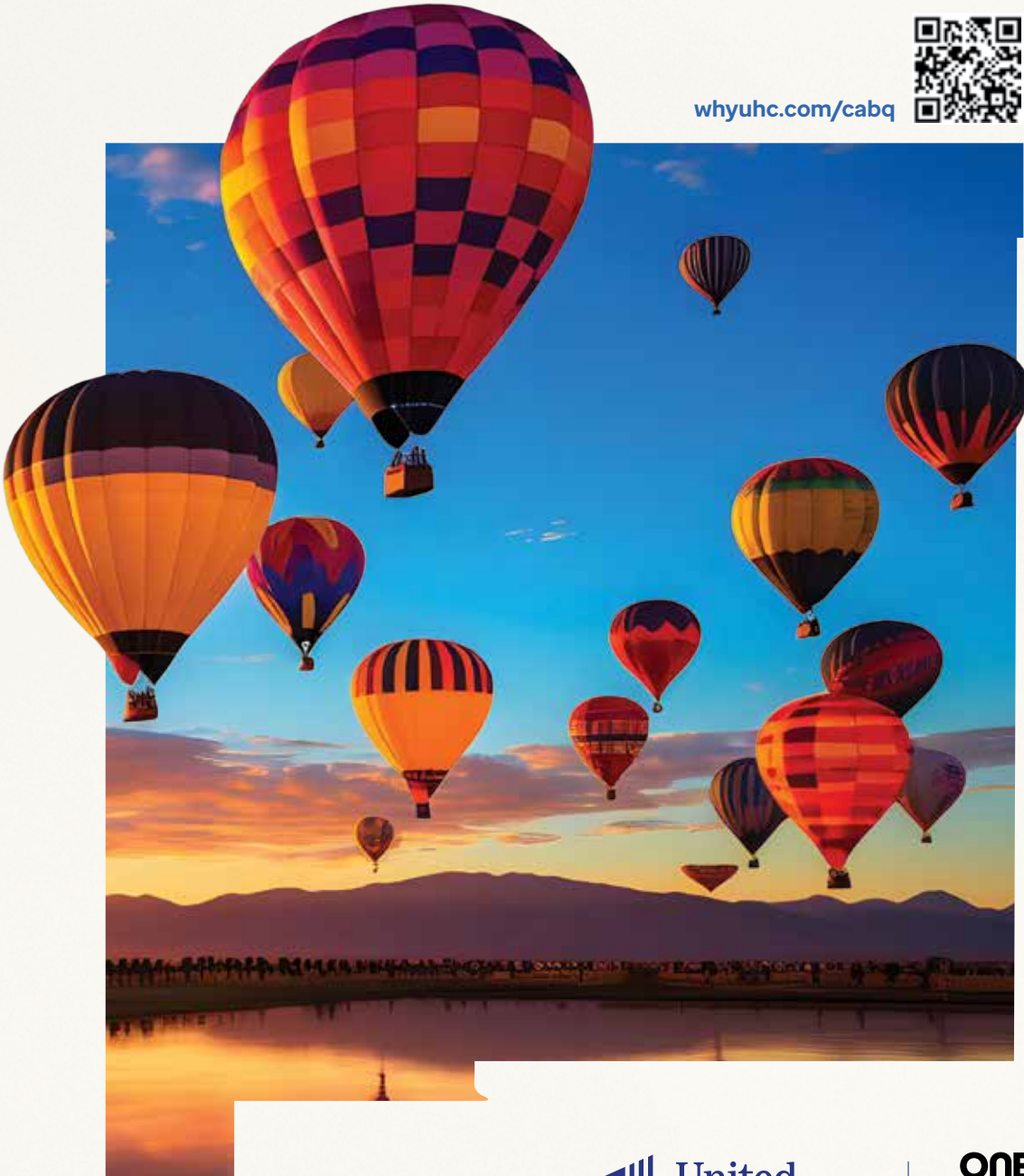
\* Biweekly = monthly times 12 divided by 26



# There's more to explore

2025-2026 benefit options — City of Albuquerque employees

[whyuhc.com/cabq](https://whyuhc.com/cabq)





## Table of contents

### Benefits

Benefits wherever you wander .....	4
Plan options .....	5
Plan comparisons .....	6
Choosing a network doctor .....	7
Understand preventive care .....	8

### Health and wellness resources

<b>myuhc.com®</b> .....	9
Unexpected medical bill .....	10
Ways to find more care .....	11
Behavioral health .....	12
Additional services .....	13
One Pass Select™ .....	14

## City of Albuquerque employees

# Taking you in healthy directions

At UnitedHealthcare, we are honored to come along with you on your health journey, helping make your health & wellness a top priority. Your path to good health may have obstacles and unexpected detours, but our compassionate health care advocates are here to guide you. Whether it's routine check-ups, preventive care or unexpected medical emergencies, our plans are designed to keep you covered.

In 2025, we are proud to continue our partnership with the City of Albuquerque, offering you 2 coverage options: the EPO Plan and PPO Plan.

We understand your needs may move through your health care journey, so our plans provide personalized support and tailored benefits. In 2025, we are once again enhancing your plans with access to Calm Health.

Calm Health is available through UnitedHealthcare at no additional cost to you. Calm Health is an easy-to-use app that includes all of the Calm app's most popular features and so much more. Calm Health provides personalized plans to help support your mental health and physical well-being.

If you are unsure about which plan is right for you and your family, visit our pre-member website at [whyuhc.com/cabq](https://whyuhc.com/cabq) for additional details to help you with this important decision.

Thank you for considering UnitedHealthcare. Take your first step toward a rewarding health journey today! If you have questions, call us at **1-844-865-3663**. Our team is here for you, every step of the journey.

**Heather Kane**  
Health Plan CEO





## 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](https://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.



# 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, including Mayo Clinics\*



A local New Mexico network that includes over **11,800** 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](https://glossary.justplainclear.com)**.



# 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](http://whyuhc.com/cabq) to learn more.

## Discover support, every step of the way

What you can expect with UnitedHealthcare		
	<b>Physician and provider quality</b>	You can compare best match recommendations to choose a provider that <b>fits your needs</b> and preferences on <a href="http://myuhc.com">myuhc.com</a> . You'll have access to patient reviews of providers and we measure your network provider options for quality.
	<b>Local care that feels familiar</b>	You can receive care that is familiar to you because we collaborate together with <b>local provider groups</b> within our national network that exist to meet you where you are and ease your transition of care
	<b>Personalized benefits</b>	You have an <b>end-to-end network of support</b> connecting on your behalf to deliver <b>benefits that are personalized and relevant</b> to you, which may lead to better health outcomes
	<b>Access to care</b>	You have <b>expanded access</b> to care across digital, virtual and in-person services, allowing for more <b>flexibility</b> with how and when you receive care
	<b>Member support</b>	You can connect quickly to <b>on-demand support</b> with an advocate, dedicated to <b>helping you every step of the way</b> with information you may need to get the most out of your benefits
	<b>Digital tools</b>	You can <b>manage claims, find a provider, share health plan ID cards</b> and more with our user-friendly tools, <a href="http://myuhc.com">myuhc.com</a> and the <b>UnitedHealthcare app</b> , 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
<b>Plan year deductible</b>	July 1 - June 30	July 1 - June 30	
<b>Individual</b>	\$175	\$175	\$500
<b>Family</b>	\$350	\$350	\$1,000
<b>Out-of-pocket maximum</b>			
<b>Individual</b>	\$6,350	\$6,350	\$12,700
<b>Family</b>	\$12,700	\$12,700	\$25,400
<b>Preventive care services</b> including preventive office visits, lab, radiology and other tests	No charge	No charge	40%*
<b>24/7 Virtual Visits</b>	No charge	No charge	Not covered
<b>Primary care office visit</b> 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%*
<b>Specialist office visit</b>	\$50 copay per visit, deductible does not apply	\$55 copay per visit, deductible does not apply	40%*
<b>Behavioral health visit</b>	No charge	No charge	40%*
<b>Maternity services</b> Includes initial office visit, prenatal and postnatal care	\$35 copay for the first office visit; \$500 copay* for inpatient hospital	\$40 copay for the first office visit; \$500 copay* for inpatient hospital	40%*
<b>Outpatient speech, physical, and occupational therapy</b> Up to 24 visits per year combined	\$35 copay per visit, deductible does not apply	\$40 copay per visit, deductible does not apply	40%*
<b>Chiropractic and acupuncture</b> Limited to 20 visits per year	\$50 copay per visit, deductible does not apply	\$55 copay per visit, deductible does not apply	40%*
<b>Urgent care</b>	\$50 copay per visit*	\$50 copay per visit*	\$50 copay per visit*
<b>Emergency room</b> (ER copay waived if admitted)	\$200 copay per visit*	\$200 copay per visit*	\$200 copay per visit*
<b>Emergency medical transport</b>	\$50 ground/\$100 air*	\$50 ground/\$100 air*	\$50 ground/\$100 air*
<b>Inpatient hospital/skilled nursing</b>	\$500 copay*	\$500 copay*	40%*
<b>Outpatient surgery</b>	\$500 copay*	\$500 copay*	40%*
<b>Imaging</b>	\$75 CT scan copay/\$125 MRI/PET scan copay*	\$75 CT scan copay/\$125 MRI/PET scan copay*	40%*
<b>Lab, X-ray, diagnostic</b> - outpatient lab testing/X-ray and other diagnostic	No charge	No charge	40%*
<b>Durable medical equipment</b>	50%*	50%*	50%*
<b>Home health care</b>	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.



# 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](https://www.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



# 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.

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

This information is for general informational purposes only and is not intended nor should be construed as medical advice. Individuals should consult an appropriate medical professional to determine what may be right for them.



## 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.

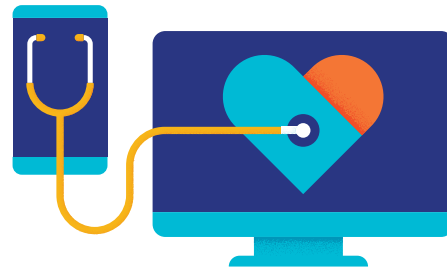
When a service is performed for preventive screening reasons and is appropriately reported, it will be covered under the Preventive Care Services benefit. Check your plan documents and consult with your health care provider prior to having the service performed if you have questions.

Find a provider on [myuhc.com](https://myuhc.com) or the **UnitedHealthcare app**. Or if you need help, call **1-844-865-3663**.



# 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

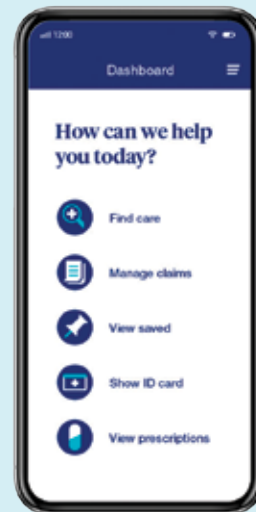
- Get tips on living healthier and using health plan benefits to your advantage
- Get reminders when it's time for check-ups or treatments
- Get suggestions on when to get immunizations, well visits, routine tests or lab work

## 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.



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# 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](https://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.



# 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](https://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.

<b>Live and Work Well</b>	Live and Work Well offers support for stressful situations such as: <ul style="list-style-type: none"> <li>• Anxiety and stress</li> <li>• Alcohol and drug use</li> <li>• Grief and loss</li> <li>• Marital problems</li> <li>• Eating disorders</li> <li>• Compulsive spending or gambling</li> <li>• Medication management</li> </ul>	Visit <a href="https://liveandworkwell.com">liveandworkwell.com</a>
<b>Talkspace</b>	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 <a href="https://talkspace.com/connect">talkspace.com/connect</a> <ul style="list-style-type: none"> <li>• Select <b>UnitedHealthcare</b> under <b>Use my Insurance Benefits</b></li> <li>• Click <b>Get Started</b></li> <li>• Have your health plan ID card ready to verify your information</li> </ul>
<b>Behavioral health support</b>	From everyday challenges to more serious issues, receive confidential help from a psychiatrist or therapist for: <ul style="list-style-type: none"> <li>• Depression, stress and anxiety</li> <li>• Substance use and recovery</li> <li>• Eating disorders</li> <li>• Parenting and family problems</li> </ul> You can schedule a visit in person or virtually.	To schedule a behavioral health virtual visit: <ul style="list-style-type: none"> <li>• Sign in to <a href="https://myuhc.com">myuhc.com</a></li> <li>• Select <b>Find Care and Costs &gt; Virtual Care</b></li> <li>• Choose <b>Get Started for Virtual Behavioral Care</b></li> </ul> To schedule an in-person visit on <a href="https://myuhc.com">myuhc.com</a> , select <b>Find Care and Costs &gt; Behavioral Health Directory</b> .
<b>Calm Health</b>	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: <ul style="list-style-type: none"> <li>• Better sleep</li> <li>• Building skills to manage stress</li> <li>• Developing resiliency</li> <li>• Starting and building a mindfulness habit</li> </ul>	To get started <ul style="list-style-type: none"> <li>• Sign in to <a href="https://myuhc.com">myuhc.com</a></li> <li>• Go to Coverage &amp; Benefits &gt; Mental Health</li> </ul>
<b>Virtual behavioral therapy and coaching</b>	You may also have access to 1:1 professional care from a compassionate AbleTo® therapist, coach or both over an 8-week program for members with qualifying medical conditions. Costs for therapy and coaching will vary based on your plan benefits and deductible.*	Visit <a href="https://ableto.com/explore-more">ableto.com/explore-more</a>
<b>ABA therapy</b>	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 <b>1-844-865-3663 TTY 711</b>
<b>Substance use treatment</b>	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 <b>1-855-780-5955</b> . Or visit <a href="https://liveandworkwell.com/recovery">liveandworkwell.com/recovery</a> to find care options and resources.  To get started with the Crisis Text Line, text "Home" to 741741.

\*Deductibles and coinsurance may apply. Check your specific plan details or call the number on your health plan ID card to confirm plan coverage.





## Get maternity and parental support

If you're thinking about having a baby, or you have one already on the way, we are ready to help in every way we can. Tap into our library of pregnancy information, including custom video courses you can stream anytime, 24/7. You'll be able to track what you've learned and keep tabs on what you'll find out about next.

### Online maternity courses include:

- Preconception: Preparing for a Healthy Pregnancy
- Pregnancy Nutrition and Exercise
- Pregnancy in the First Trimester
- Pregnancy in the Second Trimester
- Pregnancy in the Third Trimester
- Postpartum: The Fourth Trimester after Pregnancy
- Exploring Breastfeeding



## 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**.



## 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 [uhc.com/communityresources](https://uhc.com/communityresources) or 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](https://hingehealth.com/for-individuals) or call **1-855-902-2777**.



# 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](mailto: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.

فيوغللادعاسملا تامدخ ناف، (Arabic) ةيب رعل اشدحتت تنك اذا: ييبنت قاطب يل ع جردملا يناجمل ا فتامل ا قارب لاصتالا ي جري. اقل احاتم ةيناامل ا ائب فصا ا ل فيرعتل

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. لطفاً با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

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

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yánilti'go, saad bee áka'anída'awo'ígíí, t'áá jíik'eh, bee ná'ahóót'i'. T'áá shòdì ninaaltsoos nítł'izí bee nééhozinígíí bine'déé' t'áá jíik'ehgo béesh bee hane'i biká'ígíí bee hodiilnih.



# 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](http://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](http://myuhc.com)®. You should always visit [myuhc.com](http://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](http://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.

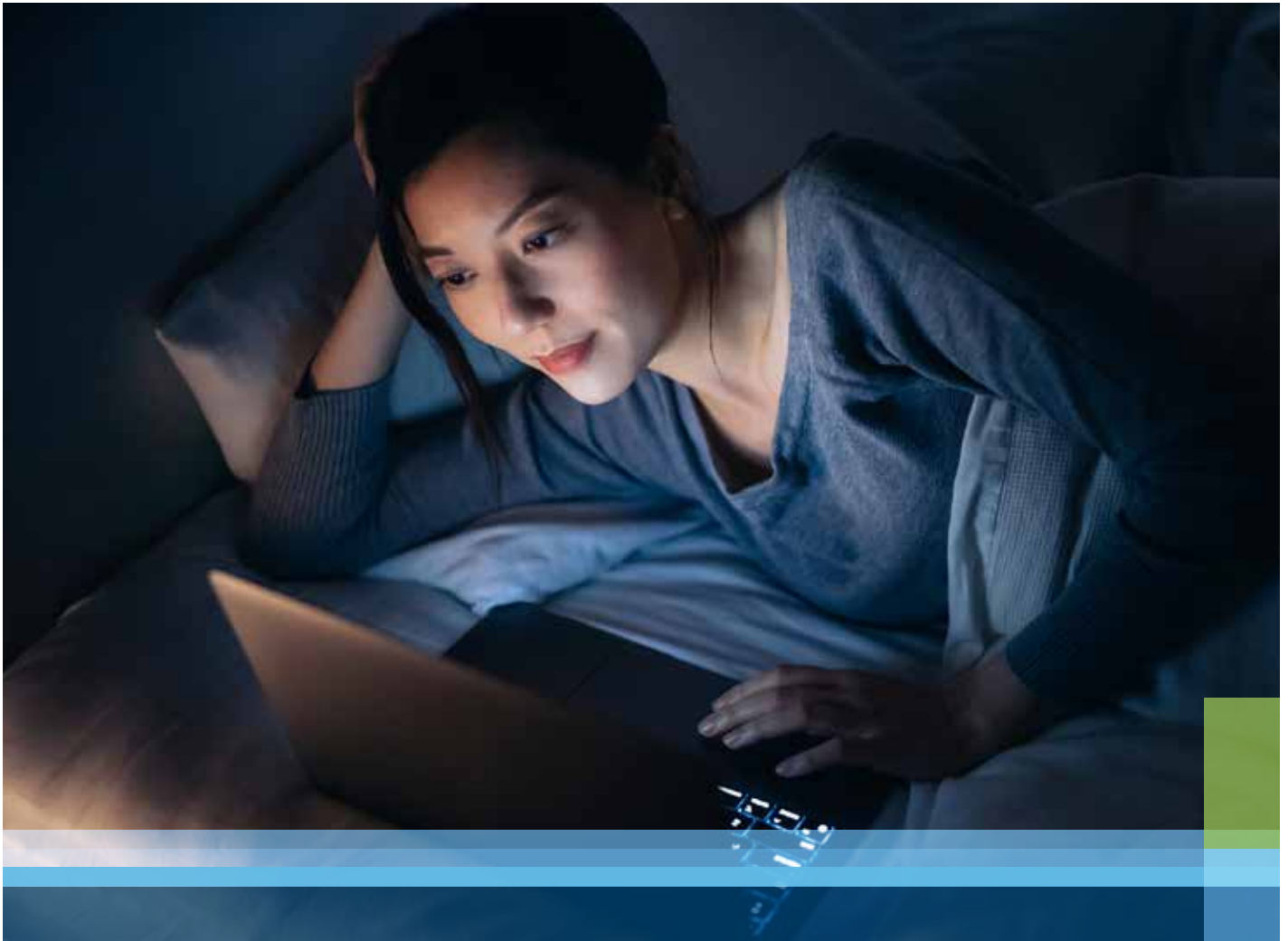
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## Virtual Visits: **Get Cost-Effective, 24/7 Care**

With Virtual Visits from MDLIVE<sup>®</sup>, 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**



**ONE  
ALBUQUE  
RQUE**

## 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

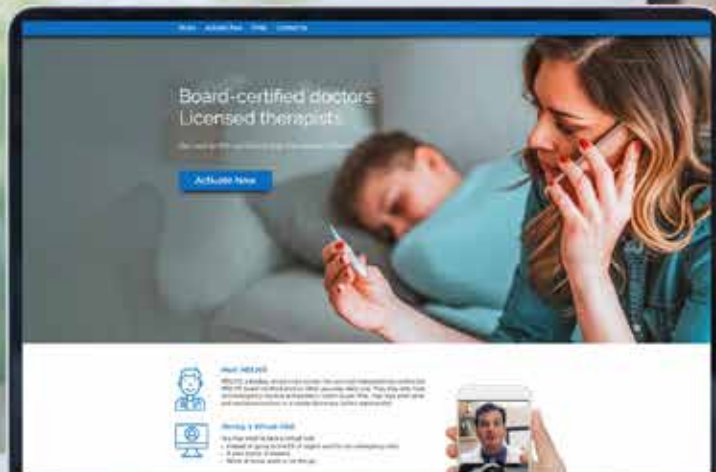
## Virtual Visits sessions with licensed behavioral health therapists are available by appointment. Get virtual care for:

- 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.**

## Activate your Virtual Visits account today:

- Call 888-858-5074
- Go to [MDLIVE.com/bcbsnm](https://MDLIVE.com/bcbsnm)
- Text BCBSNM to 635-483
- Download the app



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.

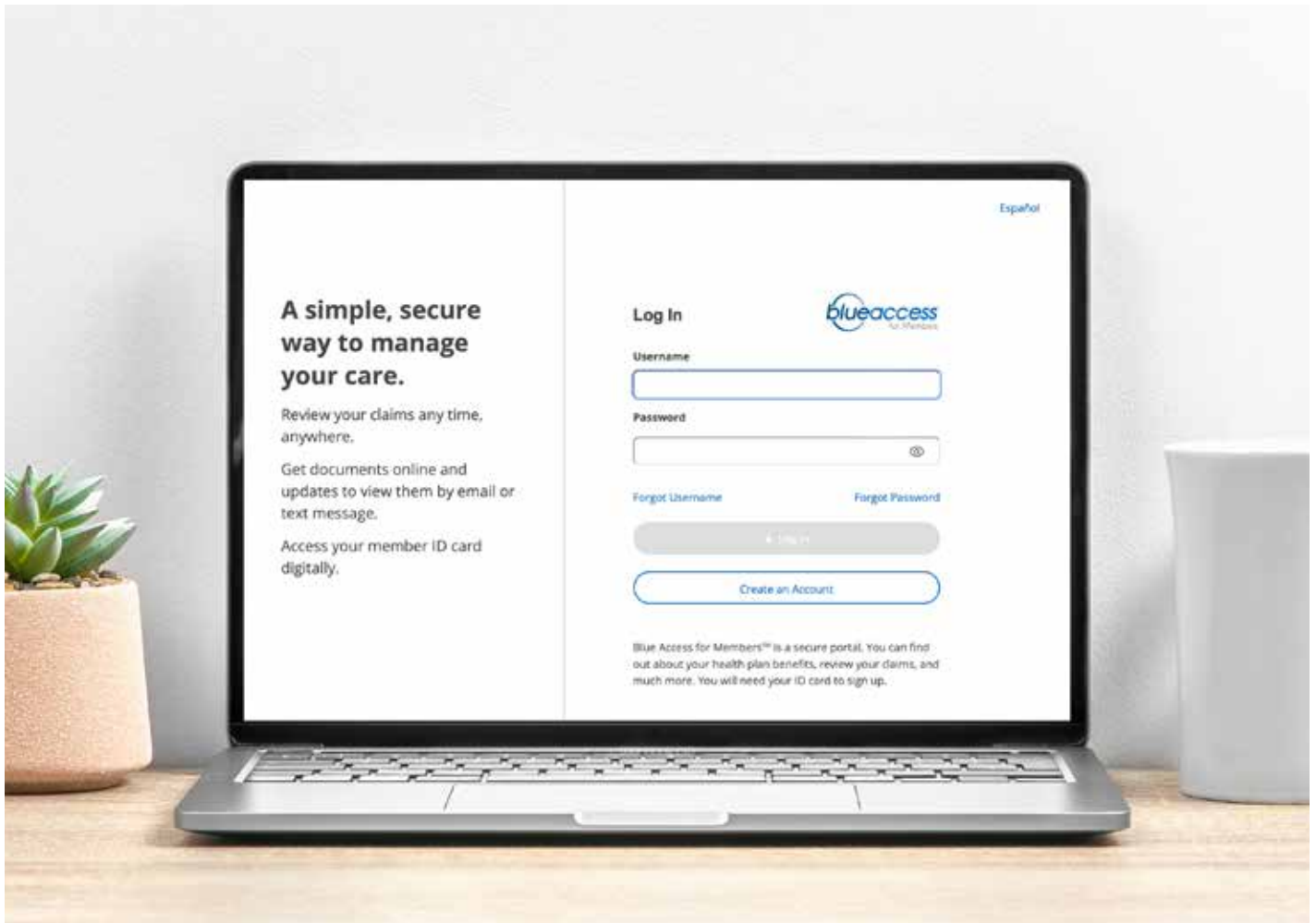
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BlueCross BlueShield of New Mexico



## 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<sup>SM</sup> (BAM<sup>SM</sup>).

### 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.

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Scan this QR code to visit  
[bcbsnm.com](https://bcbsnm.com).

### Let's get started

1. Go to [bcbsnm.com](https://bcbsnm.com).
2. Log in or sign up using your member ID card to complete your registration.



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## 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](https://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<sup>®</sup> | Davis Vision<sup>®</sup>

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<sup>®</sup> | Beltone<sup>™</sup> | 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<sup>SM</sup>

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<sup>®</sup>

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](https://blue365deals.com/bcbsnm).**

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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](http://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.





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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## 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 is 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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**1 IN 5**  
PEOPLE IN THE U.S. STRUGGLE  
WITH THEIR MENTAL HEALTH<sup>1</sup>



### 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<sup>2</sup>.

### Explore it today.

1. Log in to **Blue Access for Members<sup>SM</sup>** at [bcbsnm.com](https://bcbsnm.com)
2. Select **Behavioral Health**
3. Choose **Mental Health Hub**



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

### 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.



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## Retrain Your Brain



### See how much better life can feel with digital mental health programs from Learn to Live.<sup>1</sup>

More than half of people will struggle with a mental health concern at some point in their lives.<sup>2</sup> 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



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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.



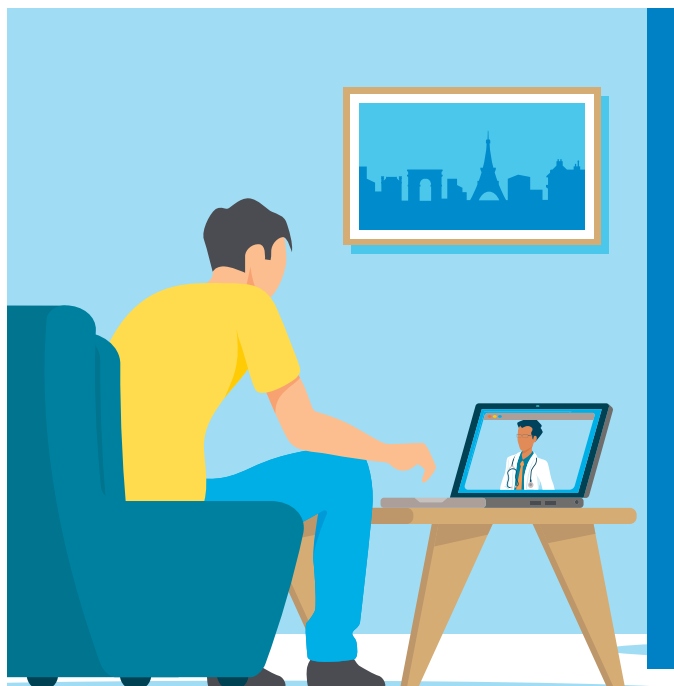
## An expert coach can guide you

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.





## Your Doctor Is In... Provider Finder<sup>®</sup>

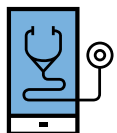
### It's now easier to find a provider and manage health care expenses.

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<sup>SM</sup> (BAM<sup>SM</sup>) 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](https://bcbsnm.com/mobile/text-messaging).

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Provided by  
 Hinge Health



## Conquer back or joint pain without drugs or surgery

As a member of Blue Cross and Blue Shield of New Mexico, you get access to a new innovative digital program for chronic **back, knee, hip, shoulder, and neck pain** at **no cost to you**. This program, provided by Hinge Health, includes:

- A tablet computer and wearable sensors
- Unlimited 1-on-1 health coaching
- Personalized exercise therapy

**Over 30,000** participants have enrolled in their programs so far, and cut their pain by over 60%!\*

**Questions?** Call the number on the back of your member ID card.



Hinge Health is an independent company that has contracted with Blue Cross and Blue Shield of New Mexico to provide an online musculoskeletal program for members with coverage through BCBSNM.

\*Source: Hinge Health 2017-2019 Outcomes Analysis



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# 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.

<b>EPO Benefits</b> – This plan does <b>not</b> cover services received from nonpreferred providers, except for urgent/emergency services.	<b>Member's Share of Covered Charges from a Preferred Provider</b>
<b>Annual Deductible per Plan Year</b> (Only services subject to a percentage "coinsurance" amount apply toward deductible) <sup>1</sup>	\$175 (\$350/family)
<b>Annual Out-of-Pocket Limit per Plan Year</b> (Deductible, Coinsurance, and Copayments (for Medical and Rx) apply; penalty amounts and noncovered charges do not.) <sup>2</sup>	\$6,350 (\$12,700/family)
<b>Primary Preferred Provider (PPP) Office Services*</b>	
Office Visit**, Medication Management**	\$35 copay/visit
Telehealth Visit	\$35 copay/visit
Virtual Visit (MDLIVE Providers 1-888-858-5074)	\$0 copay/visit
Mental Health/Chemical Dependency Services ( <b>office visit only</b> )	\$0 copay/visit
Telehealth Visit	\$0 copay/visit
Virtual Visit (MDLIVE Providers 1-888-858-5074)	\$0 copay/visit
<b>Specialty Physician Office Services</b>	
Office Visit**, Medication Management**, Office Evaluations**	\$50 copay/visit
<b>Preventive Care</b> 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)
<b>Acupuncture/Spinal Manipulation</b> (max. <b>20 visits each</b> /plan year)	\$50 copay/visit
<b>Allergy</b> testing and serum	20% coinsurance (deductible applies)
<b>Ambulance Services</b>	\$50 per trip/Ground or \$100 per trip/Air <sup>3</sup> (deductible applies)
<b>Autism Spectrum Disorders</b> Applied Behavioral Analysis, <sup>3</sup> and Occupational, Physical, and Speech Therapy	Copay based on place of treatment and type of service
<b>Cardiac Rehabilitation</b> (max. <b>36</b> outpatient visits/plan year)	\$10 copay/visit
<b>Pulmonary Rehabilitation</b> (max. <b>24</b> outpatient visits/plan year)	\$35 copay/visit
<b>Dental/Facial Accidents, Oral Surgery, TMJ/CMJ</b>	Based on place of treatment and type of service <sup>4</sup>
<b>Emergency and Urgent Care Services***</b> Emergency Room (includes all related ER services) Urgent Care Facility	\$200 copay/visit (deductible applies) \$50 copay/visit (deductible applies)
<b>Hearing Aids and Related Services:</b> Hearing aids for children under age 21 are paid at <b>50%</b> of covered charges up to a maximum of <b>1 hearing aid per hearing-impaired ear every 3 years</b> ; exams and testing are subject to usual cost-sharing provisions.	
<b>Home Health Care</b> (prescribed home nursing care, physician, and therapy care)	No Charge (deductible waived)
<b>Hospice</b> – inpatient	\$500 copay/admission (deductible applies) <sup>4</sup>
<b>Hospice</b> – home	No charge (deductible waived) <sup>3</sup>
<b>Infertility Services</b> – coverage is limited only to diagnosing the cause of infertility and surgical treatment to correct the medical condition causing infertility	50% coinsurance (deductible applies)
<b>Inpatient Hospital/Facility Services</b>	
Room and Board and Physician Care such as Physician Visits, Surgeon, Anesthesiologist, Lab, X-Ray, Other Diagnostic Tests, Medical/Surgical, Inpatient Rehabilitation	\$500 copay/admission (deductible applies) <sup>4</sup>
Mental Health/Chemical Dependency (including partial hospitalization) and Residential Treatment Center	\$0 copay/admission <sup>4</sup>
Maternity – initial office visit to diagnose pregnancy	\$35 copay
Maternity – inpatient delivery	\$500 copay (deductible applies) <sup>4</sup>
Extended Newborn Stay	\$500 copay (deductible applies) <sup>4</sup>

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<b>EPO Benefits</b> – This plan does <b>not</b> cover services received from nonpreferred providers, except for urgent/emergency services.	<b>Member's Share of Covered Charges from a Preferred Provider</b>
<b>Lab Tests, X-Rays, and Other Diagnostic Services</b>	No Charge (deductible waived)
<b>MRI/PET Scans</b>	
<b>CT Scan</b> (Note: including tests done in office, outpatient facility, freestanding facility, ambulatory surgery facility, or any other place of treatment)	\$125 copay/type of test (deductible applies) <sup>4</sup> \$75 copay/type of test (deductible applies) <sup>4</sup>
<b>Outpatient Facility/Surgeon/Physician</b> (including surgical procedures related to pregnancy and family planning; and nonroutine colonoscopies)	\$500/admission (deductible applies) <sup>4</sup>
<b>Outpatient Infusion Therapy (for routine maintenance drugs)</b> Administered by Professional Provider in Home, Office or Infusion Suite Outpatient Facility	\$55 copay/visit <sup>4</sup> (\$500 copay/visit <sup>4</sup> (deductible applies))
<b>Short-Term Rehabilitation:</b> Skilled Nursing Facility (max. 60 days/plan year)	\$500 copay/admission (deductible applies) <sup>4</sup>
<b>Outpatient (Occupational, Physical and Speech Therapy)</b>	\$35 copay/visit
<b>Sleep Disorder Studies</b> Inpatient Outpatient	\$500 copay per admission (deductible applies) <sup>4</sup> \$50 copay per test (deductible applies) <sup>3</sup>
<b>Supplies, Durable Medical Equipment, Prosthetics, and Orthotics</b>	50% coinsurance (deductible applies) <sup>5</sup>
<b>Therapy: Chemotherapy</b> (chemotherapy drugs are covered at 20% up to \$400/drug) <b>and Radiation Therapy</b>	No Charge
<b>Dialysis</b>	20% coinsurance
<b>Transplant Services</b> (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 <sup>3</sup>
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney: \$10,000 maximum for travel and lodging per diem	\$500 copay/admission (deductible applies) <sup>4</sup>
<b>Prescription Drugs</b>	
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**

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> Certain services are not covered if preauthorization is not obtained from BCBSNM. See a benefit booklet for details.

<sup>4</sup> 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.

<sup>5</sup> 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.**



# 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 <sup>1</sup>	Nonpreferred Provider <sup>1</sup>
<b>Annual Deductible per Plan Year<sup>1</sup></b> Deductible does not apply to services with copays or "no charge."	\$175 (\$350/family)	\$500 (\$1,000/family)
<b>Annual Out-of-Pocket Limit per Plan Year</b> (Includes deductible, coinsurance, and copayments (for Medical and Rx); NOT penalty amounts or noncovered charges. <sup>2</sup> )	\$6,350 (\$12,700/family)	\$12,700 (\$25,400/family)
<b>Primary Preferred Provider (PPP)*</b> 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)	\$0 copay/visit \$0 copay/visit \$0 copay/visit	40% coinsurance
Specialist Office Visit and initial office visit to diagnose pregnancy Telehealth Visit	\$55 copay/visit \$55 copay/visit	40% coinsurance
Allergy testing and serum	20% coinsurance	40% coinsurance
<b>Preventive Services</b> 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
<b>Acupuncture Treatment</b> (max. 20 visits/plan year)	\$55 copay/visit	40% coinsurance
<b>Ambulance Services: Ground</b>	\$50 copay/trip (deductible applies)	
<b>Ambulance Services: Air Transfer</b>	\$100 copay/trip (deductible applies) <sup>4</sup>	
<b>Ambulance Services: Interfacility transport</b>	No Charge <sup>4</sup>	
<b>Autism Spectrum Disorders</b> Applied Behavioral Analysis, <sup>4</sup> and Occupational, Physical, and Speech Therapy	Based on place of treatment and type of service	40% coinsurance
<b>Cardiac Rehabilitation</b> (max. 36 outpatient visits/plan year)	\$10 copay/visit	40% coinsurance
<b>Pulmonary Rehabilitation</b> (max. 24 outpatient visits/plan year)	\$40 copay/visit	40% coinsurance
<b>Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services</b>	Based on place of treatment and type of service <sup>4</sup>	40% coinsurance <sup>4</sup>
<b>Emergency Room Treatment**</b>	\$200 copay/visit (deductible applies) <sup>3</sup>	
<b>Hearing Aids and Related Services:</b> 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
<b>Home Health Care</b>	No Charge	40% coinsurance
<b>Hospice Services:</b> Inpatient In Home	\$500 copay/admission (deductible applies) <sup>4,5</sup> No Charge <sup>4</sup>	40% coinsurance
<b>Lab, X-Ray, and Other Basic Diagnostic Tests (outpatient)</b> <b>Home Sleep Study</b>	No Charge \$50 copay/study (deductible applies)	40% coinsurance
<b>MRI or PET Scans</b>	\$125 copay/type of test (deductible applies) <sup>4</sup>	40% coinsurance <sup>4</sup>
<b>CT Scans</b>	\$75 copay/type of test (deductible applies) <sup>4</sup>	40% coinsurance <sup>4</sup>
<b>Infertility Services:</b> Coverage is limited only to diagnosing the cause of infertility and surgical treatment to correct the medical condition causing infertility.	50% coinsurance	50% coinsurance

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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 <sup>1</sup>	Nonpreferred Provider <sup>1</sup>
Inpatient Hospital/Facility Services		
Medical/Surgical, Maternity-Related Room and Board, and Covered Ancillaries; Inpatient Rehabilitation	\$500 copay/admission (deductible applies) <sup>5</sup>	40% coinsurance <sup>5</sup>
Mental Health/Chemical Dependency (including Partial Hospitalization), Residential Treatment Center	\$0 copay/admission <sup>5</sup> (deductible waived)	
Maternity Services		40% coinsurance <sup>5</sup>
Inpatient delivery	\$500 copay/admission <sup>5</sup> (deductible applies)	40% coinsurance <sup>5</sup>
Routine Nursery/Pediatrician Care for Covered Newborns	No Charge	
Extended Newborn Stay	\$500 copay/admission (deductible applies) <sup>5</sup>	40% coinsurance <sup>5</sup>
Outpatient Facility/Surgeon/Physician (including surgical procedures related to pregnancy and family planning; and nonroutine colonoscopies)	\$500/admission <sup>4</sup> (deductible applies)	40% coinsurance
Outpatient Infusion Therapy (for routine maintenance drugs) Administered by Professional Provider in Home, Office or Infusion Suite Outpatient Facility	\$55 copay/visit <sup>4</sup> (\$500 copay/visit <sup>4</sup> (deductible applies))	40% coinsurance <sup>4</sup>
Short-Term Rehabilitation: Skilled Nursing Facility (max. 60 days/plan year) <sup>5</sup>	\$500 copay/admission (deductible applies) <sup>5</sup>	40% coinsurance <sup>5</sup>
Outpatient – Occupational, Physical and Speech Therapy	\$40 copay/visit	
Spinal Manipulation Services (max. 20 visits/plan year)	\$55 copay/visit	40% coinsurance
Supplies, Durable Medical Equipment, Prosthetics, Orthotics	50% coinsurance <sup>6</sup>	50% coinsurance <sup>6</sup>
Therapy: Chemotherapy and Radiation (chemotherapy drugs are covered at 20% up to \$400/drug) Dialysis	No Charge 20% coinsurance	40% 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 <sup>4,5</sup>	
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney (\$10,000 maximum for travel and lodging per diem)	\$500 copay/admission (deductible applies) <sup>4,5</sup>	Not Covered
Urgent Care Facility	\$50 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:**

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

<sup>5</sup> 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.

<sup>6</sup> 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 DON'T  
NEED TO BE  
A BIG SHOT  
TO HAVE A  
PERSONAL  
ASSISTANT.**

Our  
focus is  
**YOU.**

**You already have one for  
your health care needs.**

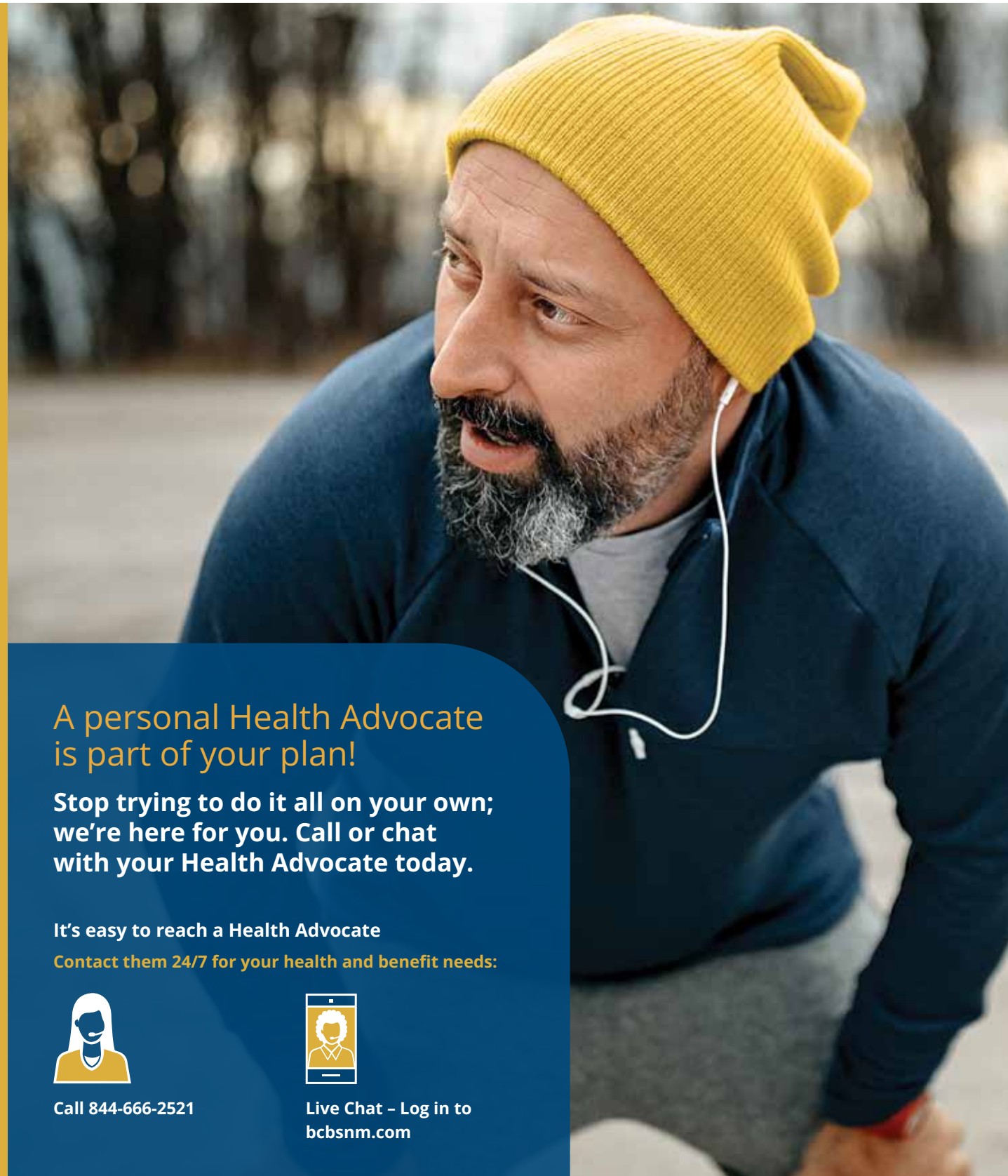
Are you ready for health care made easy?  
We think you are — that's why you have  
a Health Advocate at Blue Cross and Blue  
Shield of New Mexico waiting to help  
with your benefits questions and health  
care needs.

**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



**ONE  
ALBUQUE  
RQUE**



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](https://bcbsnm.com)





## **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](mailto: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

---

### **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.



The Optum logo is displayed in orange text in the top left corner of the image.

## 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**.

Optum Home Delivery is a service of OptumRx.

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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	\$10	\$20
Tier 2: Mid-range-cost preferred brand name	\$30	\$75
Tier 3: Higher-cost brand name and some generics	\$50	\$150

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.



# 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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## Smile! You Have BlueCare Dental PPO<sup>SM</sup>

BlueCare Dental PPO offers you and your family access to one of the largest national dental PPO provider networks.<sup>1</sup>

This network includes general and specialty dentists in New Mexico as well as across the country. As a plan member of the BlueCare Dental PPO, you can go to any dentist. However, you'll save money and get more from your benefits when you use an in-network dentist. These in-network dentists have agreed to:

- Accept set fees for covered services
- Not bill you for costs over the negotiated fees (except copayments, coinsurance and deductibles)

If you choose an out-of-network dentist, he or she may have higher fees and charge you for amounts not covered by your insurance. To get the most from your benefits, choose an in-network dentist.

### Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to [bcbsnm.com](http://bcbsnm.com) and click on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

### Dedicated Customer Service

After signing up, you will get more detailed information about your dental plan. Look at your plan materials for complete details. Customer Service can answer questions about eligibility, claims, benefits and providers. Just call **877-723-5697** between 8 a.m. and 6 p.m. (CT), Monday through Friday.

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



**ONE  
ALBUQUE  
RQUE**



### BlueCare Dental Connection<sup>SM</sup>

As an enhanced service, Blue Cross and Blue Shield of New Mexico offers BlueCare Dental Connection. This service provides educational information and other resources to help you make choices about your dental care — at no extra cost.

To help you learn about good oral health, BlueCare Dental Connection offers:

- Educational mailings
- 24-hour online access to the Dental Wellness Center<sup>®</sup>, which offers educational articles and special tools

To access the Dental Wellness Center, log in to Blue Access for Members<sup>SM</sup> at **bcbsnm.com** and select the **My Health tab** on the dashboard, then click on **Wellness** and scroll to the **Dental Wellness Center**.

The Dental Wellness Center allows you to:

- Ask dental questions through **Ask a Dentist**
- Locate an in-network dentist using **Find a Dentist**
- Research dental fees with the **Dental Cost Advisor**
- Search the **Dental Dictionary** for common terms
- View **Educational Videos** on dental topics

1. Network360<sup>®</sup> Analytics Suite (03/2024).

The Dental Wellness Center, Dental Cost Advisor, Ask a Dentist, Dental Dictionary and Treatment and Procedure are provided by DNoA, a separate company that acts as the administrator of BCBSNM dental plans.





# VIRTUAL DENTAL VISITS

24/7

Powered by



At Blue Cross and Blue Shield of New Mexico (BCBSNM), we know how important access to dental care is to you and your family. Now if an urgent dental issue occurs after hours or when your own dentist is unavailable, you can schedule a virtual dental visit, powered by **Teledentistry.com**.

**Virtual dental visits are an option with your current BlueCare Dental PPO<sup>SM</sup> plan. You and your covered dependents can use these visits when you:**

- Have an urgent dental issue and can't see your dentist
- Need access to a dentist after business hours
- Want to consult a dentist without leaving home, or while traveling

**What can a virtual dentist do for you?**

- Address tooth pain due to things like cavities, gum disease, impacted wisdom teeth
- Assess trauma, such as a chipped tooth
- Prescribe appropriate medications\*

**How does it work?**

Simply call 1-866-256-2054 and provide some required information. You will be connected to a dentist via video conference within 10-15 minutes and the average consult only takes 3-5 minutes!\*

**Is it covered?**

Yes, the virtual visit will be paid the same as if you were visiting your dentist office for the same service. If you need follow-up care and don't have a regular dentist, Teledentistry.com can help you find a dentist. If you follow up with your regular dentist, they can send them a report regarding the virtual visit.

**Call 1-866-256-2054 to connect with a dentist for your virtual visit.**

\*No opioids or narcotics

\*\*Average times from Teledentistry.com

Virtual visits may not be available on all plans.

Teledentistry.com is an independent company that operates and administers the virtual dental visits program for Blue Cross and Blue Shield of New Mexico. Teledentistry.com is solely responsible for its operations and for those of its contracted providers. Teledentistry.com® and the Teledentistry.com logo are registered trademarks of Teledentistry.com, and may not be used without permission.

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# BlueCare Dental Enhanced Benefit<sup>SM</sup>

## Enhanced Dental Benefits for Special Health Conditions

**Do you have heart disease or diabetes? Or are you pregnant?** If so, you should know that poor dental health can negatively affect these conditions. Evidence also shows that unmanaged diabetes can worsen existing gum disease.

**BlueCare Dental<sup>SM</sup>** offers additional dental benefits that can keep you healthier and reduce your overall health care costs by lowering the chance of more serious complications.

### What Does the Enhanced Benefit Program Provide?

If you have heart disease, diabetes or are pregnant, the Enhanced Benefit program offers an additional one of the following after your regular benefits have been used:

- Routine cleaning
- Periodontal maintenance cleaning
- Periodontal scaling and root planing

If you have both dental and medical coverage with Blue Cross and Blue Shield of New Mexico, you are automatically eligible for the Enhanced Benefit.

If you're a BlueCare Dental member only, without BCBSNM medical coverage, you may still be eligible for the additional benefit. Please call the number on the back of your dental ID card and ask the representative for the Chronic Condition Verification form.

**Healthy Mouth. Healthy Body.**

### BlueCare Dental Connection<sup>SM</sup>

The Enhanced Benefit program works with BlueCare Dental Connection, which provides:

- Member education about the link between gum disease and other health issues, such as diabetes and heart disease
- 24/7 use of the online Dental Wellness Center®, with facts and tools to help you learn about dental care\*

To access the Dental Wellness Center, members can log in to Blue Access for Members<sup>SM</sup> at **bcbsnm.com** and select the **My Health** tab on the dashboard, then click on **Wellness** and scroll to the **Dental Wellness Center**.

The Dental Wellness Center allows you to:

- Ask dental questions through **Ask a Dentist**
- Locate an in-network dentist using **Find a Dentist**
- Research dental fees with the **Dental Cost Advisor**
- Search the **Dental Dictionary** for common terms
- View **Educational Videos** on dental topics

\*The Dental Wellness Center is an online resource offered by Go2Dental. Go2Dental is an independent company contracted with Dental Network of America, LLC, the administrator of BCBSNM dental products.

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

# 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 \(2583\)](tel:800-810-BLUE) or visit the BlueCard Doctor and Hospital Finder at [bcbs.com](http://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



## 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](http://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  
**\$60 copay**

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



### Frame

Allowance:

**\$160**

+Additional 20% **off** any overage.<sup>1</sup>

or

The Exclusive Collection copay:

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



### Lenses

Lens copay:  
**\$15**



### Contacts<sup>2</sup> in lieu of glasses

Allowance:

**\$130**

+Additional 15% **off** any overage.<sup>1</sup>

or

The Exclusive Collection  
of Contact Lenses:<sup>3</sup>

**Covered in full**

### Using your client code

Log in using your client code (listed above) at [davisvision.com/member](http://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.

### Find a network provider...

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



## 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 <sup>1</sup>
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.





# Your health, your way



**Being healthy shouldn't be a grind. Try new things and take small steps to be a slightly better you today than you were yesterday.**

With One Pass Select®, our mission is to make being healthy fun for all. No matter your current fitness level, we have a wide variety of activities to help you meet your fitness goals. And that's not all. Get access to digital fitness apps and home grocery delivery to make it even more convenient to become a better you.



**Enroll today**

[www.OnePassSelect.com](http://www.OnePassSelect.com)

Membership is instant, and you will be charged for the full current calendar month on the day you sign up (One Pass Select does not offer proration).

Choose the membership that fits your lifestyle

**Classic**  
**\$0/mo**

12,000+ gym locations

**Standard**  
**\$69/mo**

14,000+ gym and premium locations

**Premium**  
**\$109/mo**

16,000+ gym and premium locations

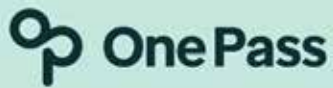
**Elite**  
**\$159/mo**

20,000+ gym and premium locations

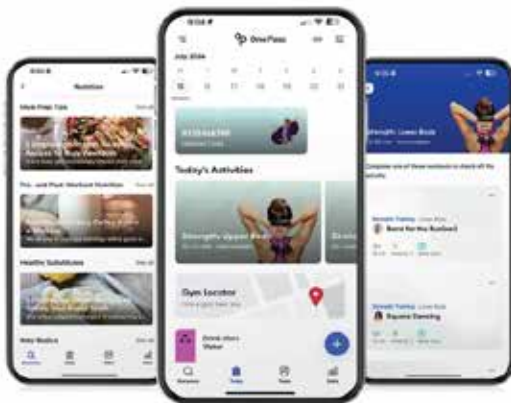
**Or get started with a digital-only plan for \$0/Mo.**

**All tiers Classic or above come with grocery and home essentials delivery at no extra cost.**





# Step up your whole-body health



## The new One Pass app is here

One Pass® offers flexible options to make fitness engaging and fun for everyone. Reach your whole-body health goals with support for workouts, nutrition and more – all in one place.

We're excited to share the new One Pass look and feel with you. Keep an eye out for when it goes live on the web this fall.



**Download the new app to get started.**

One Pass Select is a voluntary program. 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. The One Pass program varies by plan/area. Equipment, classes, personalized fitness plans, and events may vary by location. One Pass is not responsible for the services or information provided by third parties. Purchasing discounted gym and fitness studio memberships 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 under this program. This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The service is not an insurance program and may be discontinued at any time.

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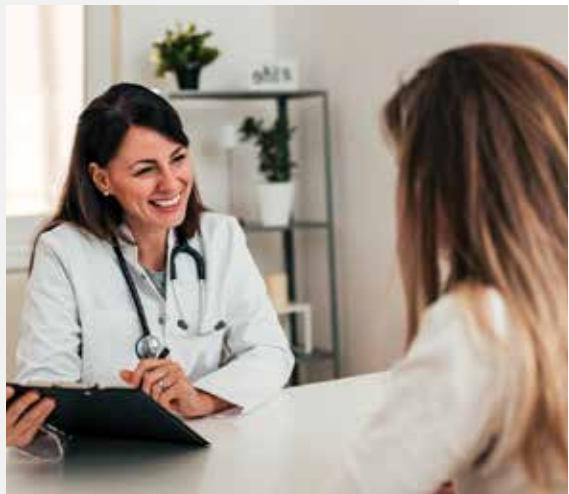




# Healing Connections with Caring Providers

## 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

Medici 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

Medici 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.

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 Medici 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 Medici 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 MyMedici patient portal.<sup>1</sup>

### ▶ Can clinic physicians prescribe medication?

Yes, Medici 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.<sup>2</sup>

### 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



<sup>1</sup> MyMedici  
patient portal



<sup>2</sup> Mobile Clinic  
Schedule



## CITY OF ALBUQUERQUE

### FSA Rules to Remember

#### PLAN YEAR

July 1, 2025 - June 30, 2026

#### HEALTH FSA CARRY FORWARD

An employer- chosen provision allowing up to a maximum of \$660 of unused Health FSA funds to roll over into the next plan year.

#### RUN-OUT PERIOD

You have until September 30, 2026 to submit for expenses incurred during the plan year.

#### USE OR LOSE RULE

Unused Dependent Care Account balances or any amount over \$660 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: \$3,300

#### 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: \$5,000

### 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: \$325

#### Transit Account

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

Maximum monthly election amount: \$325



# 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.

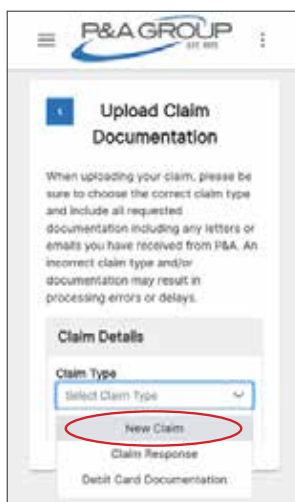
## 4 WAYS TO SUBMIT YOUR CLAIMS

### 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](http://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](http://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](http://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](http://www.padmin.com)

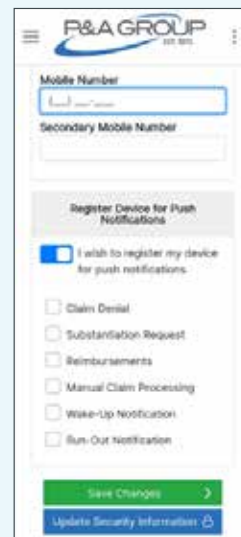
## MOBILE APP

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!



- ✓ Register for account alerts
- ✓ Submit claims
- ✓ Order a Benefits Card
- ✓ Check your account balance & more!

Opt-in to get account alerts



## QUESTIONS?

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

**PH:** (716) 852-2611

**WEB:** [www.padmin.com](http://www.padmin.com)

**MAIL:** 6400 Main Street  
Suite 210





## › Basic Life Insurance

### ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE

<b>Eligibility Requirement</b>	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by the City of Albuquerque. There is no cost to you for this insurance.

### BENEFITS

<b>Life Insurance Benefit Amount</b>	For You: An amount equal to 1.4 times your annual salary, with a minimum of \$25,000 and a maximum of \$50,000  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.
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.

### FEATURES

<b>Living Care/ Accelerated Death Benefit</b>	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$40,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Portability</b>	Allows you to continue this insurance program 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.
<b>Conversion</b>	If your employment 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

<b>Travel Assistance</b>	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
<b>Employee Assistance Program (EAP)</b>	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
<b>Hearing Discount Program</b>	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit <a href="http://www.amplifonusa.com/mutualofomaha">www.amplifonusa.com/mutualofomaha</a> to learn more.
<b>Will Prep</b>	We work with Willing® to offer employees discounted online will preparation tools. In just a few clicks you can complete a customized plan to protect your family and property (valid in all 50 states). To get started visit <a href="http://www.willing.com/mutualofomaha">www.willing.com/mutualofomaha</a>

### EXCLUSIONS

Insurance benefits and guarantee issue amounts are not subject to age reductions.

Information about the AD&D exclusions for this plan will be included in the summary of coverage, which will be made available after enrolling.

Please contact your employer if you have questions prior to enrolling.



# 

ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE			
Eligibility Requirement	You must be a Regular Employee 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 children 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	7 times annual salary, up to \$350,000	\$500,000, in increments of \$10,000, but no more than 7 times annual salary
Spouse	\$10,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$500,000
Children	\$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.

BENEFITS	
<b>Life Insurance Benefit Amount</b>	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>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.</p>
<b>Accidental Death &amp; Dismemberment (AD&amp;D) Benefit Amount</b>	<p>The amount of AD&amp;D coverage for yourself and your spouse is \$20,000.</p> <p>AD&amp;D coverage is available if you or your spouse 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.</p>
FEATURES	
<b>Living Care/ Accelerated Death Benefit</b>	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$400,000.
<b>Waiver of Premium</b>	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
<b>Annual Benefit Amount Increase</b>	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next open 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).

### Portability and Conversion Included

AGE REDUCTIONS AND EXCLUSIONS	
<p>Insurance benefits and guarantee issue amounts are subject to age reductions:</p> <ul style="list-style-type: none"> <li>- At employee's age 70, employee and spouse benefit amount reduces to 50%.</li> </ul> <p>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.</p> <p>Information about the AD&amp;D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.</p>	



# › Voluntary Short-Term Disability Insurance

## ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE

<b>Eligibility Requirement</b>	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.
<b>BENEFITS</b>	
<b>Elimination Period</b>	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> <li>• On the 31st day of your disabling injury.</li> <li>• On the 31st day of your disabling illness.</li> </ul>
<b>Weekly Benefit</b>	Your benefit is equivalent to 60% of your base weekly earnings, not to exceed the plan's maximum weekly benefit amount.  The premium for your short-term disability coverage is waived while you are receiving benefits.
<b>Maximum Benefit Period</b>	Up to 22 weeks
<b>Maximum Weekly Benefit</b>	\$1,155
<b>Minimum Weekly Benefit</b>	\$10
<b>Partial Disability Benefits</b>	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.
<b>DEFINITIONS</b>	
<b>Definition of Disability</b>	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.
<b>Definition of Weekly Earnings</b>	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.
<b>FEATURES</b>	
<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>Portability</b>	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.



# > Voluntary Long-Term Disability Insurance

## ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE

<b>Eligibility Requirement</b>	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
<b>Premium Payment</b>	The premiums for this insurance are paid in full by you.

## BENEFITS

<b>Elimination Period</b>	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.
<b>Monthly Benefit</b>	Your benefit is equivalent to 60% of your before-tax base monthly earnings, not to exceed the plan's maximum monthly benefit amount.  The premium for your long-term disability coverage is waived while you are receiving benefits.
<b>Maximum Monthly Benefit</b>	\$5,000
<b>Minimum Monthly Benefit</b>	\$100/10%
<b>Maximum Benefit Period</b>	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.
<b>Partial Disability Benefits</b>	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

<b>Own Occupation</b>	Under Own Occupation definition, benefits are payable to employees unable to perform at least one of the Material Duties of his/her Regular Occupation (the occupation he/she is routinely performing when the disability begins).  After a Monthly Benefit has been paid for 2 years, Disability means the employee is unable to perform all of the Material Duties of any occupation for which he/she is reasonably suited for by training, education, or experience.
<b>Own Occupation Earnings Test</b>	Unable to perform at least one of the Material Duties of your regular occupation and unable to generate 99% of your base monthly earnings due to the same injury or sickness.
<b>Definition of Monthly Earnings</b>	Monthly earnings for salaried employees is the base annual salary which excludes any additional pay 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 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

<b>Vocational Rehabilitation Benefit</b>	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
<b>Survivor Benefit</b>	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.



## GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million  
emergency  
department visits  
every year are  
caused by youth  
sports.<sup>1</sup>

### 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](http://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
<b>CATASTROPHIC</b>		
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
<b>FEATURES</b>		
Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion <sup>SM3</sup> – 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.

<sup>1</sup>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

<sup>2</sup>Ability Assist® 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.

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If the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

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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.<sup>1</sup>

### 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](http://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 <sup>3</sup> – 24/7/365 access to help for financial, legal or emotional issues	
HealthChampion <sup>SM</sup> 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.

<sup>1</sup>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.

<sup>3</sup>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.

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### The Buck's Got Your Back®

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The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding The Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

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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.

### The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.



# 8 REASONS to Save with an Education Savings Plan



**What is a 529?** A 529 plan is a tax-advantaged tool to save and grow money for future education expenses. 529 plan savings have the opportunity to be invested and benefit from the potential of tax-free, compounding growth over time. Additionally, some states offer state income tax breaks on contributions, including New Mexico. Almost anyone can open and contribute to a 529 account for anyone else, including grandparents, relatives and friends.

## The Education Plan can help students achieve more with less debt. And there are so many benefits to investing in a 529 account.

1. Tax-free earnings & withdrawals for qualified education expenses.
2. Contributions are deductible from New Mexico state taxable income each year.
3. Funds can be used for any level of future education at in-state and out-of-state colleges, as well as trade and private schools, online universities, and even many schools abroad.
4. It's not just for tuition.
5. You can open your account with no minimum contribution required. Saving just \$500 has proven to significantly increase graduation rates.
6. Plan beneficiaries are transferable between family members.
7. You can use up to \$10,000 a year for K-12 tuition.
8. You can use the funds for apprenticeship-related expenses.

Open your account today in about 15 minutes!



**TheEducationPlan.com**  
A little today goes a long way

**TheEducationPlan.com**

We're here to help. Give us a call at 1-877-337-5268. Then contact City of Albuquerque Benefits if you're interested in making payroll-deducted contributions.



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# support through some of life's biggest transitions

Ovia+ offers support for reproductive health, starting a family, having a healthy pregnancy, balancing life as a parent, and managing menopause. Ovia+ is included in your health plan benefits, offered through BlueCross and Blue Shield of New Mexico (BCBSNM).

## With Ovia+ you have access to:

- Daily personalized articles and tips to help you achieve your goals
- Unlimited in-app messaging with our team of health coaches
- Instant analysis and feedback on your health data

## To start receiving support:

1. Download the app that's right for you
2. Select "I have Ovia Health as a benefit" during signup
3. Enter your health plan (required)
4. Enter your employer (optional)
5. Explore Ovia+

## Already have an Ovia Health app on your phone?

1. Open the "more" menu
2. Tap "My healthcare info"
3. Enter your health plan (required)
4. Enter your employer (optional)



Support for reproductive health, fertility and menopause



Ongoing support for your healthiest, happiest pregnancy



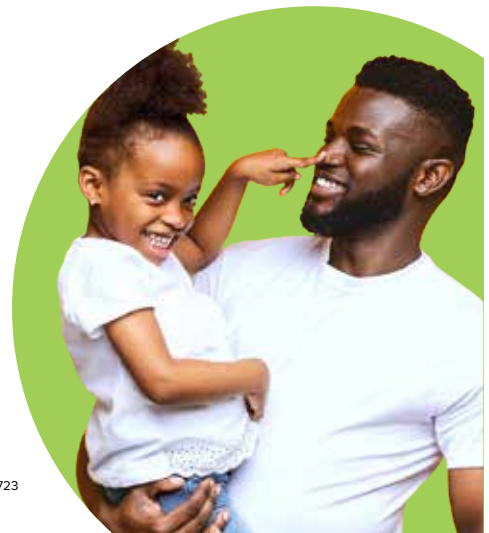
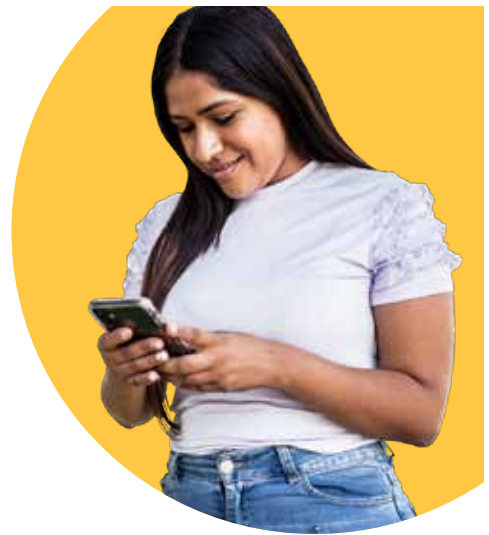
Your go-to resource for parenting support



ES | Ovia Apps are available in Spanish

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Legal Insurance

**Legal is everywhere. Protect yourself and your family with legal insurance.**

With ARAG® legal insurance, your network attorney fees are 100% paid in full for a wide variety of covered legal matters.

**What does legal insurance cover?**

Count on a broad range of coverage and services, for example:

- Wills, trusts and estate planning
- Real estate and home ownership
- Traffic tickets and license suspension
- Disputes with a landlord
- Family law matters
- Small claims court
- Consumer fraud
- Bankruptcy
- Divorce
- And more

**How legal insurance benefits you**

- Receive 100% paid-in-full coverage on attorney fees for most covered legal matters when you work with a network attorney.
- Access a nationwide network of more than 15,000 attorneys who average 20 years of experience.
- Address your covered legal situations with a network attorney for legal help and representation.

**UltimateAdvisor® Legal Insurance:**

- Individual: \$7.92 biweekly
- Two-Party: \$9.87 biweekly
- Family: \$10.13 biweekly

Limitations and exclusions apply. Depending upon a state's regulations, ARAG's legal insurance plan may be considered an insurance product or a service product. Insurance products are underwritten by ARAG Insurance Company of Des Moines, Iowa. Service products are provided by ARAG Services, LLC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call **800-247-4184**.



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# **Contacts and Resources**



## Employer

Offices	Contact Numbers
City of Albuquerque Insurance and Benefits Office 400 Marquette NW, Room 702 PO Box 1293 Albuquerque, NM 87103	(505) 768-3758 phone (505) 768-3760 fax 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	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	TrueConnect		1-866-827-3520 Customer Service
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	007844	Paul Lium 505-699-8548 www.my.voya.com
New Mexico 529 Education Plan	TheEducationPlan.com		TheEducationPlan.com
BetterHealth Clinic	Medici		400 Marquette NW, Ste B606 Albuquerque, NM 87102 (505) 602-WELL (or 9355) Website: <a href="https://mymedici.bridgeinteract.io/auth/login-portal">https://mymedici.bridgeinteract.io/auth/login-portal</a>



# Exclusive employee offer.

GOVERNMENT (GSA/FSS) Employees

Save big on the best network. To register for the employee discount or to validate your employment if you're already enrolled in the program, please follow the instructions below.

## Two ways to validate

### By email address:

1. Visit **verizonwireless.com/discounts**.
2. Enter your mobile phone number or **My Verizon** User ID in the **Existing Verizon Customer** field.
3. Click **Login** and **Validate by Email** with your work email.

### By paystub:

1. Visit **verizonwireless.com/discounts**.
2. Enter your mobile phone number or **My Verizon** User ID in the **Existing Verizon Customer** field
3. Click **Login** and **Validate by Paystub** and follow the instructions to upload your paystub.

Check the status of your validation at **verizonwireless-employmentvalidation.com**.

Have questions? Contact your Verizon Wireless Business Specialist or visit **bit.ly/EmpDiscount**.

Employees Discount

# 15%

Discount applies to most voice and data plans with a monthly access fee of \$34.99 or higher. Monthly Line Access Fees are not eligible for discounts. Features \$24.99 or higher may be eligible for discounts. See plan details for more information.

**verizon**✓

To qualify for a discount: You must be an employee or affiliated with an organization that has an agreement with Verizon Wireless, begin or already have a 2-year contract for your account or participate in the Verizon Edge program. Most voice and data plans with a monthly access fee of \$34.99 or higher qualify for a discount. The Monthly Account Access Fees on MORE Everything Plans are also discountable on plans \$34.99 or higher, but Monthly Line Access Fees are not eligible for discounts. Features added onto your account may be eligible for discounts if the monthly access fees are \$24.99 or higher. Note: Some plans and features are not eligible for discounts and that limitation will be called out in the plan details. Once approved, the qualifying discount will appear within 1 to 2 billing cycles. Please note that periodically we will ask you to validate your current employment or affiliation status. © 2015 Verizon Wireless. 1015-69416



**ONE  
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**ONE**  
**ALBUQUE**  
**RQUE**



**BlueCare** Dental<sup>SM</sup>

