

CITY OF
ALBUQUERQUE



Employer-Sponsored
Group
Benefits

CONTRACT YEAR
July 1, 2013 - June 30, 2014



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This brochure is intended for summary purposes only. In all cases only the official plan documents control the administration and operation of the plans. Please be aware that some of the benefits listed in the various tables have limitations. See your Summary Plan Description (SPD) 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.

What's New in Employee Benefits?

Medical Insurance

- ▶ \$100 deductible per person (maximum of 3 times per plan year, per family) See pages 18 & 19 for details of services subject to the deductible.
- ▶ Office visit copays increase by \$10
- ▶ Drugs administered in a physician's office, or other outpatient setting, will be administered as a separate charge from the office or outpatient setting copays.
- ▶ Specialty Pharmaceutical (4th tier medications obtained from a pharmacy and self-administered) copays will increase to 20% to a \$400 maximum per medication each time the prescription is filled. Annual out-of-pocket maximums apply to each pharmacy category. Go to www.phs.org/PHS/programs/pharmacy/formulary/index.htm for more information.
- ▶ The premium increase ranges from \$3.33 biweekly for employee only coverage and \$9.78 for family coverage.

Dental Insurance

- ▶ One dental carrier (Delta Dental) is offering two provider networks and was selected through the City's competitive procurement process
- ▶ \$50 deductible per person (maximum of \$150 per plan year, per family) See page 23 for details of services subject to the deductible.
- ▶ Employees previously enrolled in United Concordia Dental will be automatically enrolled in Delta Dental at the same coverage level unless a form to cancel coverage is completed and submitted to the Insurance & Benefits Office.
- ▶ The premium averages 4.9% lower and ranges from a 15 cent savings biweekly for employee only coverage to 48 cents for family coverage.

Vision Insurance

- ▶ Vision Service Plan (VSP) is our new vendor selected through the City's procurement process. They offer a similar plan design, no restrictions on frame selection and closer labs for a quicker turnaround. The overall premium increase average is 4.1% but that ranges from a penny saved biweekly for employee only coverage to a 17 cent increase for family coverage. See pages 24 & 25 for details.

Life & Disability Insurance

- ▶ The Hartford was selected through the City's competitive procurement process to provide employees and their families with term life and disability insurance.
- ▶ Enrollment and beneficiary designation will automatically be transferred to the new plans for basic life, voluntary, spouse/DP and dependent life insurance and long-term disability insurance. In addition a new group short-term disability (STD) will be offered.
- ▶ Employees already enrolled in voluntary life may increase their coverage by \$10,000 each open enrollment without evidence of insurability (EOI) up to \$250,000.
- ▶ The rates for voluntary life are remaining the same.
- ▶ Enrollment in The Hartford's STD is not automatic (an enrollment form must be completed.) However, participation is guaranteed issue (no health questions will be asked, everyone who applies will be approved and there is no pre-existing condition exclusion.)
- ▶ Enhancements include: Funeral Planning and Concierge Services, Travel Assistance and ID Theft Protection Services.

Voluntary Benefits

- ▶ Aflac's individual STD option is being replaced by a group plan offered through The Hartford. This change was made through a competitive process. Deductions for Aflac's plan stop after 6/21/2013.
- ▶ UNUM will no longer offer accident insurance, critical illness or whole life insurance coverage. However, those employees currently enrolled will be allowed to continue participation and pay the premium by payroll deduction.

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

- Permanent employees (including those on probation)
- Elected officials
- Unclassified employees scheduled to work 20 hours or more each week
- Legal spouse of an employee (must provide marriage certificate)
- Domestic partner of an employee* (must provide City’s Affidavit of Domestic Partnership)
- Children (must provide birth certificate) 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 for being adopted by the employee, spouse or domestic partner
 - Adopted by the employee, spouse or domestic partner
 - Court order that requires the employee, spouse or domestic partner provide health insurance coverage for the child
 - Court document that shows the employee, spouse or domestic partner has full, permanent custody of the child
 - Children over age 26 may continue participating in the group insurance plans if they are physically or mentally handicapped and are not eligible for any other plan. This continuation is subject to normal enrollment guidelines and approval by the insurance carrier.

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

Benefit Options

Options vary by participating entity but may include:

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

Coverage Options

Employee Only	Employee Plus Spouse or Domestic Partner
Single Parent	Family

Changing Benefit Elections and Qualifying 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 events due to a life status change. You must provide documentation of the life status change and complete forms within **31 days of the qualifying event.** Qualifying events and acceptable documents are:

- **Marriage** - Marriage certificate
- **Domestic Partnership meeting eligibility requirements** - Affidavit*
- **Divorce** - Court issued divorce decree (Ex-spouses are ineligible for coverage after the divorce except through COBRA. Divorce not reported timely may result in full responsibility of claims and loss of COBRA rights.)
- **Birth** - Hospital certificate or state issued birth certificate
- **Death** - Death certificate
- **Change in employment status** affecting benefits eligibility (for you or your spouse) - Letter/form from employer that is notification of the job change, coverage ending or new eligibility
- **Open Enrollment** period of Spouse/Domestic Partner's employer
- **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 change
- **Dental Insurance Only** - **dependent child between the ages of 2 and 3** may be added to a plan in which the employee is already enrolled

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

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

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

- Joint lease/mortgage or ownership of property
- Jointly owned motor vehicle, bank or credit account (only one qualifies)
- Domestic partner named as beneficiary of the employee's life insurance
- Domestic partner named as beneficiary of the employee's retirement benefits
- Domestic partner named as primary beneficiary in the employee's will
- Domestic partner assigned as power of attorney or legal designee by the employee
- Both names on a utility bill
- Both names on an investment account

The employee's domestic partner is not required to visit the Insurance & Benefits Office in order to receive benefits. The employee should call to make an appointment then bring the signed and notarized Affidavit of Domestic Partnership with the other required documents.

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.

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.)**

The effective date will depend on the event and when documents and forms are submitted to your employer (see below.)

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 visit the Human Resources Office timely to complete the appropriate form or update it yourself through PeopleSoft Employee Self Service.

Effective Date of Coverage, Changes and/or Terminations

New Employees - Coverage begins on the first day of the current pay period if forms are completed and required documents are brought to New Employee Orientation (NEO) or submitted to the Insurance & Benefits Office by the end of the first week. Pay periods begin on Saturday and are two weeks long. Paychecks are issued on the Friday following the end of the pay period. NEO is usually held on Monday following the beginning of a pay period. You have 31 days from your hire date to submit completed forms and verification of dependent eligibility. If not on the hire date then coverage will begin on the first day of the pay period following the submission of completed forms and verification of dependent eligibility.

Qualifying Events - Coverage begins on the first day of the pay period following the submission of completed forms, verification of dependent eligibility and documentation of the qualifying event as long as the forms and documents are received in the Insurance and Benefits Office within 31 days from the event. The only two exceptions to this are for the birth of a child or a divorce. The coverage begins on the date of birth if documentation and forms are completed and submitted to the Insurance & Benefits Office within the 31-day enrollment period. An ex-spouse is not eligible to continue participation in the insurance program, except through COBRA (see the next page.) Therefore, when the divorce decree is submitted to the Benefits Office with the cancellation form, the end of coverage will be back dated to the day following the court stamped date on the decree. Losing or gaining eligibility for Medicaid allows a 60-day enrollment period.

Reinstatement - An employee who is terminated from the City and subsequently reinstated is eligible to have the same benefits started up again in which he/she was enrolled prior to termination. If termination was prior to the last open enrollment period then the employee may elect to participate in the benefit options as a new employee. The employee must visit the Insurance and Benefits Office with documentation of the reinstatement and complete an enrollment form. The effective date of coverage will be the first day of the pay period following the submission of the paperwork.

Open Enrollment - Benefit changes elected during open enrollment are effective on July 1st or if you are cancelling coverage then the last day of coverage will be June 30th.

Termination of Coverage

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

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

Dependents reaching the age limit lose coverage on their 26th birthday

Ex-spouses lose coverage the day after the divorce

Open Enrollment

This is a three week (or longer) period established annually (usually in May) that allows all benefits eligible employees to make changes to their benefit elections without having experienced a qualifying life status change. It is the only opportunity to switch plans. Annual premium changes also occur at this time and will automatically be updated on your second paycheck in July without you having to make a new election.

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. Bernalillo County,) may be double covered on medical, dental, vision or supplemental term life. The only exception to this is when you or your spouse/domestic partner is retiring and the only alternative to double coverage is a gap in coverage. Double coverage can last no longer than two weeks.

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.

Employees are responsible for paying their Group Health Premiums regardless of receiving a paycheck. This means if your employment status is “active” and you do not receive a paycheck then you will be responsible for paying the employee AND the employer portion of your medical, dental, vision premiums, and also your current deduction(s) for other supplemental benefits in that period. You will be responsible for making payment arrangements through the Insurance and Benefits Office (contact information is provided in the back of this booklet.) Payment arrangements depend on the situation and will be looked at on an individual basis. Failure to either make payment arrangements or to make timely payments will result in cancellation of benefits back to the end of the pay period for which the premiums were paid.

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

COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is the federal law that allows the employer to offer continued participation in medical, dental, and/or vision group insurance coverage if your employment terminates (18 months maximum) or your covered dependent loses eligibility (36 months maximum.) The Insurance & Benefits Office monitors when dependent children are approaching the end of eligibility on their 26th birthday 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 provide documentation to the Insurance & Benefits Office when you or your dependent experience an event that qualifies. Additional information is available in the Insurance and Benefits Office.



City of Albuquerque One of New Mexico's Healthiest Employers

In March 2013, Albuquerque Business First named the City of Albuquerque as one of New Mexico's healthiest employers for going the extra mile to create a workplace that promotes health and wellness and provides **top-notch** employee wellness initiatives.

Our priorities for 2012 to 2017 are to support employees and family members in getting enough **physical activity**, **eating better**, and **quitting smoking**.

In addition to lifestyle improvement programs and health screenings, we are creating a **healthy worksite culture** and building wide support and collaboration for long-term improvement.

Calendar of Events	
Date	Activity
Register by July 31, 2013 for August Program	Nuvita <i>Live Younger Challenge</i> : Physical Activity, Smart Eating, Encouragement \$500 Value For newcomers to Nuvita only!
September – November 2013	Flu Shot Clinics
September 12, 2013	Nutrition Webinar: <i>Easy Weeknight Meals</i>
October 2013 & May 2014	Onsite Mammography Van
November 1, 2013	Health Fair & Health Screenings
November 7	Nutrition Webinar: <i>Healthy Holiday Eating</i>

Resources Available Now

- Mobile Health Center at 11 Locations, **No Co-Pay!**
- Guidelines for Healthy Food in Offices and Potluck Sign-up Sheets
- Tobacco Quit Line 1-888-840-5445
- Newsletters in Offices
- Personal Health Assessment with **\$25 Reward** - See Next Page

Find registration information for current initiatives at <http://eweb.cabq.gov> or <http://www.cabq.gov/humanresources/employee-benefits/betterhealth-program-goals>.

Contact Health and Wellness Program Coordinator Lisa McNichol Gatan at 768-2921 or lgatan@cabq.gov.



City of Albuquerque Employees, Spouses and Domestic Partners are Invited to Complete the Personal Health Assessment (PHA)

Get your \$25 Subway gift card
Offer good while supplies last

*Use your smart phone to download
step-by-step instructions for accessing
your PHA. Scan this code!*



Instructions for accessing WebMD Personal Health Assessment –

You must be enrolled in the Presbyterian Health Plan administered by the City.

Step 1 - Go to the Presbyterian home page, www.phs.org

Step 2 - Find **Pres Online Login** section

Step 3 - New users select **Register Now** and complete all steps; existing users login with **User Name and Password.**

Step 4 - Once you have registered and logged in, find **Member Services** section

Step 5 - Select **WebMD Personal Health Assessment (PHA)**

Step 6 - Find **Get Started** section

Step 7 - Select **Personal Health Assessment**

Step 8 - Select **Take PHA Now**

If you have questions about WebMD Health Manager or how to access the website, please call the dedicated member line at 1-855-261-7737.

The PHA is a **confidential** profile used by your health plan to design a wellness program just for you!

This first simple step will help identify easy day-to-day behavior changes that are both healthy and fun!



Employee Health Services and The Employee Assistance Program (EAP)

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

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

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

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

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

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

There is nothing more important than employee health.

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.

(505) 768-4613
24/7/365 Emergency
On-Call Counselors
1-800-348-3232



**"The next best thing to being
wise oneself is to live in a
circle of those who are."**

- C.S. Lewis

City of Albuquerque

Fiscal Year 2014 Rates

Medical Insurance - Employee pays 20% City pays 80%

Presbyterian My Care Health Plan

	Employee*	City	Total
Single	38.78	155.13	193.91
Couple	78.91	315.66	394.57
S/Parent	62.29	249.18	311.47
Family	113.87	455.50	569.37

Vision Insurance - Employee pays 20% City pays 80%

VSP

	Employee*	City	Total
Single	0.44	1.76	2.20
Couple	0.88	3.52	4.40
S/Parent	0.94	3.77	4.71
Family	1.53	6.13	7.66

Short-Term Disability Insurance Employee Paid

Hartford Weekly Benefit = 60% base salary

Age	Rate per \$10 of Weekly Benefit	
	Monthly Rate	BW Rate*
<25	0.564	0.260
25-29	0.480	0.222
30-34	0.526	0.243
35-39	0.421	0.194
40-44	0.401	0.185
45-49	0.449	0.207
50-54	0.563	0.260
55-59	0.672	0.310
60-64	0.781	0.360
65+	0.859	0.396

Long-Term Disability Insurance Employee Paid

Hartford Monthly Benefit = 60% base salary

Age	Rate per \$100 of BW Salary	
	Monthly Rate	BW Rate*
<30	0.218	0.101
30-39	0.338	0.156
40-44	0.446	0.206
45-49	0.641	0.296
50-54	0.835	0.385
55-59	0.997	0.460
60+	1.030	0.475

* Biweekly = monthly times 12 divided by 26

Dental Insurance - Employee pays 20% City pays 80%

Delta Dental

	Employee*	City	Total
Single	2.71	10.83	13.54
Couple	5.47	21.90	27.37
S/Parent	6.01	24.06	30.07
Family	8.14	32.57	40.71

Legal Insurance Employee Paid

Arag Legal

	Employee*
Single	8.63
Employee +1	10.75
Family	11.03

Basic Life and AD&D

Hartford (100% Paid by City \$.315 per \$1,000)

Amount of coverage is 140% of gross annual salary

	Minimum	Maximum
	\$25,000	\$50,000

Voluntary Term Life Insurance Employee Paid

Hartford Biweekly Rates Per \$1,000

Age	Smoker	Non Smoker
<30	0.033	0.010
30-34	0.043	0.016
35-39	0.077	0.033
40-44	0.110	0.055
45-49	0.214	0.115
50-54	0.327	0.176
55-59	0.481	0.259
60-64	0.613	0.337
65-69	0.912	0.508
70-74	1.746	0.967
75+	2.718	1.508

*Spouse age limit is 75

Hartford Dependent Child Term Life

Coverage	Rate
\$2,500	0.240
\$5,000	0.480
\$7,500	0.720
\$10,000	0.960

Flexible Spending Account

BASIC

(medical, dependent care, parking or transit fee)

\$3.75
City Paid Monthly



Medical Plans

Plan Benefits

Each of the medical plan options provides comprehensive medical coverage for enrolled members. On the next pages you will find a general description of each of the plans, followed by a Benefits-At-A-Glance chart comparing key benefits of both plans. Finally, you will see a list of exclusions for items that neither of the plans cover.

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

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

Your Choices

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

Cost of Coverage

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

Learn More

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

My Care

One plan,
three benefit options



With Presbyterian Health Plan's My Care Plan, employees can choose among three different benefit options to find a plan that best fits their unique needs: the Active, Family, and Independent options.

Once you select an option, you and your qualifying dependents will remain in that option until the next open enrollment. Each option is priced the same, and your per pay period contribution is the same for all options. The benefit levels vary as outlined below.

The Active Option

The Active option is a good fit for individuals, couples, or some families who do not seek medical services often and are mainly concerned with preventive care. The Active option allows you to seek medical services from participating providers and offers a \$150 reimbursement per family per calendar year under the Unique Services Reimbursement Program for the following:

- Gym memberships*
- Weight loss programs*
- Routine vision care
- Ambulance copays
- Copays for scans
- Sterilization services
- Smoking cessation
- Birth control pills
- LASIK surgery
- Vitamins*
- Dental treatment*

- Three coverage options designed to accommodate different lifestyles
- Two options offer special reimbursements
- You don't need to select a Primary Care Physician (PCP) under any option

The Family Option

The Family option is great for those employees with a family-oriented lifestyle. These individuals typically have young children or are expecting to start a family. Instead of offering a Unique Service Reimbursement Program, this option offers significantly lower copayments for the services that children use most. Well child care, preventive physicals and primary care physician (PCP) office visits are offered at no charge for children up to age 26 who are enrolled on this plan.

The Independent Option

The Independent option is designed for individuals, couples, or families who want to visit doctors outside the Presbyterian network and receive coverage for those costs. This plan offers enhanced out-of-network coverage, allowing you to visit providers outside of the Presbyterian Health Plan provider network. This option offers a \$250 reimbursement per family per calendar year under the Unique Services Reimbursement Program for the following:

- Prescription drug costs with a physician's prescription
- Routine vision care
- Alternative therapies
- Disease management classes*
- Dental treatments*
- Diagnostic devices*
- Hearing aids

** If recommended by a physician to treat a specific medical condition. A note or prescription from the provider and the Unique Services Reimbursement Form must be submitted.*

For benefit information, forms and more, visit www.phs.org/PHS/healthplans/employer/group/cityofabq or www.cabq.gov/jobs/insurance-benefits

For more information about services and benefits, call your dedicated Presbyterian Customer Service Center representatives at (505) 923-7787 between the hours of 7:00 a.m. to 6:00 p.m., Monday through Friday.

www.phs.org

 **PRESBYTERIAN HEALTH PLAN**

Your Value-Added Benefits at a glance



NurseAdvice New Mexico
1-866-221-9679



Benefit Source
www.benefitsource.org
(505) 237-1501
1-888-862-8659



Walgreens
Mail Service Pharmacy
1-800-345-1985
www.WalgreensHealth.com

Direct access to medical advice 24 hours a day, 365 days a year.

Whenever you have a healthcare question, just call NurseAdvice New Mexico toll-free 1-866-221-9679, any time day or night, any day of the year, to receive confidential medical advice at no extra cost to you. Registered nurses are standing by to offer you suggestions for self-care measures and provide general health information on a broad range of healthcare topics.

Discounts for Acupuncture, Massage Therapy, Chiropractic

and more. Presbyterian Health Plan and Presbyterian Insurance Company, Inc. have partnered with BenefitSource to bring you member-only discounts for alternative medicine and other services. Simply present your Presbyterian Member ID card to a participating provider and receive as much as 35% off services like massage therapy, hearing hardware, and acupuncture and chiropractic treatments. For a list of participating providers, fee schedules, and more, visit www.benefitsource.org or call (505) 237-1501 or toll-free 1-888-862-8659. In addition to discounts, some of these services may be eligible for reimbursement under the Unique Services Reimbursement Plan (USRP) on the Active and Independent Plans.

Our Mail Service Pharmacy Benefit can save you time and money.

Did you know that, as a member, you can take advantage of the convenience and savings of our mail service pharmacy? Provided by Walgreens Mail Service Pharmacy, a subsidiary of Walgreen Co., our mail-order pharmacy benefit allows you to order up to a 90-day supply of maintenance prescriptions (as prescribed by your physician) and have them conveniently delivered to your home or other specified address.

For more information, call the Customer Service Center at the number listed on your Member ID card or send an e-mail to cabqinquiry@phs.org. You may also call Walgreens Mail Service Pharmacy toll-free 1-800-345-1985 or visit their website at www.WalgreensHealth.com.

No waiting, no hassles, the information you want when

you need it. Presbyterian's web-based services help you get fast and convenient service around the clock, any day of the year.

Access your health plan information through our secured site and customize your individual *My Pres Online* page with health topics and information that most interest you. *My Pres Online* allows you to:

- Look up your benefit information
- Check the status of your membership
- Change your PCP
- View the status of your claims
- Request replacement ID cards
- Send Customer Service a question online

To locate a physician or specialist in your area or to look up provider contact information, try our convenient, easy-to-use online Provider Directory of more than 9,000 network providers.

Another helpful tool is Presbyterian's new online *WebMD Health Manager*¹, which provides the most up-to-date health information and resources. *WebMD Health Manager* features a powerful Personal Health Assessment (PHA) that helps you identify personal health risks, provides recommendations for improving those risks, and offers easy-to-use tools to help make healthy lifestyle changes. Also available through this site is the WebMD Health Record. This feature allows you to securely compile and store immunization records, medical history, allergies, and much more in one handy location.

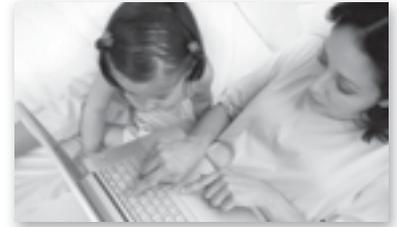
To find these services and more, visit www.phs.org/phs/healthplans/online.

Presbyterian Customer Service Center: Dedicated to you.

Our friendly representatives, centrally located in Albuquerque, are standing by to answer your benefit questions Monday through Friday from 7:00 a.m. to 6:00 p.m. You can contact your dedicated City of Albuquerque representatives by calling the number on the back of your Member ID card or by sending an e-mail at any time to cabqinquiry@phs.org. We also offer automated options on our Customer Service phone line to help you get the information you need quickly.

¹Available to members enrolled in a fully insured Employer Group plan, Individual plan (excluding the Individual Care plan), and certain ASO plans.

My Pres Online
www.phs.org/phs/healthplans/online



WebMD
Health Manager™

Member Services
Monday through Friday
7:00 a.m. to 6:00 p.m.
cabqinquiry@phs.org



www.phs.org/cabq
Presbyterian Health Plan, Inc.



Bringing care
to you.

 **PRESBYTERIAN** Health Plan, Inc. www.phs.org/cabq



Mobile Health Center

Services available include:

- Physicals
- Wellness visits
- Vaccinations
- Urgent care
- And more

Services through our new Mobile Health Center are offered to employees and dependents of the City of Albuquerque and participating government employers who are enrolled in Presbyterian Health Plan.

Walk-in visits may be available. If you prefer to make an appointment or for more information, call **(505) 220-6562** (in Albuquerque) or **1-855-277-7737, TTY 1-877-298-7407**. Information and schedules may be found at: <http://eweb.cabq.gov>





More than 2,000 visits and counting.

Presbyterian's Mobile Health Center is a 45' van that offers non-work related routine health care and urgent care services exclusively to employees and dependents enrolled under the City of Albuquerque and participating government entities medical contract. Appointments are available **for no co-pay** on a scheduled or walk in basis (as time permits). Standard out-of-pocket expenses will apply if you are referred outside the Mobile Health Center for more specialized services.

What services are available? The Mobile Health Center is staffed and equipped to diagnose and treat symptoms such as colds, coughs, sore throats, flu symptoms, ear aches, pink eye, sinus infections, urinary tract infections, strains and sprains, cuts, stitches and stitch removal. The staff can also administer your annual physical exam, lab tests and ongoing screenings for A1C, cholesterol, blood glucose and blood pressure. The Mobile Health Center team will refer you to specialists and write prescriptions as needed. Any care you receive will be coordinated with your personal physician.

What are people saying? Since its launch in 2012, the Mobile Center has provided more than 2,000 appointments to employees and dependents. Comments from happy visitors range from "Very courteous and professional" to "Very convenient, great staff", "A nice way to get seen for minor things", "Thank you for making it simple and caring" and "This is a great service that is offered."

How do I know where the Mobile Health Center will be and when? For current times and locations, check with your human resources representative or visit phs.org/cabq or eweb@cabq.gov. Schedules are subject to change monthly.

If you and your family haven't taken advantage of the services provided through your Mobile Health Center, schedule a visit now!

Medical Benefits At-A-Glance The following is only a summary, some benefits may have further limitations or exclusions.

Presbyterian My Care Plans	
Coverage	Active
Annual Deductible (Plan Year)	\$100 Individual/3x Family
Annual Out of Pocket Maximum	Two Times Annual Premium
Lifetime Maximum	Unlimited
Physician Services	
PCP Office Visit (preventive screenings covered at 100% in accordance with U. S. Government health care reform guidelines+)	\$35 copay per visit other than preventive screenings
Specialist Visit	\$50 copay per visit
Allergy Services - Testing/Serum* (Injections included in office visit copay; \$0 copay if nurse visit only)	You pay 20%
Infertility Services*	You pay 50%
Gynecological Exam - Preventive	\$0 copay per visit
Pre and Post Natal Care	\$35 copay per visit max \$200 if PCP
Diagnosis X-ray	
PET/MRI*	\$125 copay per test
Cat Scan*	\$75 copay per test
Cardiac Cath*	\$200 copay per visit
Colonoscopy - Preventive	\$0 copay
X-Ray and Laboratory	No Charge
Urgent Care*	\$35 copay - participating provider; \$50 copay - non-participating provider
Emergency Room*	\$150 copay - waived if admitted
Ambulance*	\$50 copay ground \$100 copay air
Hospital	
Inpatient*	\$500 copay per admission
Outpatient*	20% up to \$500 per visit
Speech, physical, occupational therapy - Outpatient	\$50 copay per visit
Acupuncture	\$50 copay per medically necessary visit 20 visits per calendar year limit
Durable Medical Equipment*	You pay 50% with prior authorization
Chiropractic	\$50 copay per medically necessary visit - 18 visits per calendar year limit
Home Health Care	No Charge
Hospice*	\$500 copay per admission
Skilled Nursing Care*	\$500 copay per admission
Dialysis*	You pay 20%
Mental Health	
Inpatient*	\$500 copay per admission
Outpatient	\$35 copay per visit
Substance Abuse	
Inpatient*	\$500 copay per admission
Outpatient	\$35 copay per visit
Prescription Drugs	
Retail - 30 day supply up to the maximum dosage recommended by the manufacturer. When generic is available but a brand is chosen then add \$20 plus the difference in costs of the drug.	Generic \$10, Brand \$35, Non-Preferred \$55
Mail Order - 90 day supply up to the maximum dosage recommended by the manufacturer. When generic is available but a brand is chosen then add \$20 plus the difference in cost of the drug.	Generic \$20, Brand \$87.50, Non-Preferred \$165
Unique Services Reimbursement	\$150 per contract per calendar year

+See U. S. Government website for up to date preventive screening guidelines.

***\$100 Deductible applies in network.**

Benefit certification may be required for some services and equipment. Penalty may apply if not obtained. See Group Subscriber Agreement for details.

Annual out of pocket maximums: Includes % copayments only; does not include deductibles, copayment penalty amounts, charges above Reasonable and Customary, prescription drug copayments or non-covered charges incurred after the benefit maximum has been reached.

For a more complete description please refer to each plan's member certificate, schedule of benefits or group subscriber agreement.

Presbyterian My Care Plans

Presbyterian My Care Plans		
	Independent	
Family	Network	Out of Network
\$100 Deductible/3x Family	\$100 Individual/3x Family	\$500 Individual, \$1,500 Family
Two Times Annual Premium	Two Times Annual Premium	\$6,000 Individual, \$18,000 Family
Unlimited	Unlimited	\$2 Million
\$40 copay per visit other than preventive screenings (adult) \$10 copay (child)	\$40 copay per visit other than preventive screenings	You pay 40%
\$55 copay (adult) \$40 (child)	\$55 copay per visit	You pay 40%
You pay 20%	You pay 20%	You pay 40%
You pay 50%	You pay 50%	Not Covered
\$0 copay (adult) \$0 copay (child)	\$0 copay per visit	You pay 40%
\$40 copay per visit max \$300 if PCP	\$40 copay per visit max \$300 if PCP	You pay 40%
\$200 copay per test (adult) \$100 copay (child)	\$125 copay per test	You pay 40%
\$125 copay per test (adult) \$75 copay (child)	\$75 copay per test	You pay 40%
\$300 copay per visit (adult) \$175 (child)	\$200 copay per visit	You pay 40%
\$0 copay	\$0 copay	You pay 40%
No Charge	No Charge	You pay 40%
\$40 copay (adult) \$10 (child) - participating provider; \$50 copay (adult); \$30 copay (child) non-participating provider	\$45 copay - participating provider	\$55 copay - non-participating provider
\$150 copay - waived if admitted	\$150 copay - waived if admitted	\$150 copay, waived if admitted
\$50 copay ground \$100 copay air	\$50 copay ground \$100 copay air	\$50 copay ground \$100 copay air
\$500 copay per admission (adult) \$350 copay per admission (child)	\$500 copay per admission	You pay 40%
20% up to \$500 (adult) 20% up to \$200 (child) per visit	20% up to \$500 per visit	You pay 40%
\$55 copay per visit (adult) \$40 (child)	\$55 copay per visit	You pay 40%
\$55 copay (adult) \$40 (child) per medically necessary visit 20 visits per calendar year limit	\$55 copay per medically necessary visit 20 visits per calendar year limit	You pay 40%
You pay 50% with prior authorization	You pay 50% with prior authorization	You pay 50%
\$55 copay (adult) \$40 copay (child) per medically necessary visit - 18 visits per calendar year limit	\$55 copay per medically necessary visit - 18 visits per calendar year limit	You pay 40%
No Charge	No Charge	You pay 40%
\$500 copay (adult) \$350 (child) per admission	\$500 copay per admission	You pay 40%
\$500 copay (adult) \$350 (child) per admission	\$500 copay per admission	You pay 40%
You pay 20%	You pay 20%	You pay 40%
\$500 copay (adult) \$350 (child) per admission	\$500 copay per admission	You pay 40%
\$40 copay per visit (adult) \$10 copay (child)	\$40 copay per visit	You pay 40%
\$500 copay (adult) \$350 (child) per adm. .	\$500 copay per admission	You pay 40%
\$40 copay per visit (adult) \$10 (child)	\$40 copay per visit	You pay 40%
Generic \$10, Brand \$30, Non-Preferred \$50	Generic \$10, Brand \$30, Non-Preferred \$50	Not covered unless an emergency outside service area (deductible doesn't apply)
Generic \$20, Brand \$75, Non-Preferred \$150	Generic \$20, Brand \$75, Non-Preferred \$150	Not Covered
Not applicable	\$250 per contract per calendar year	

Out of network benefits are limited to Reasonable and Customary charges. You are responsible for any balance due above Reasonable and Customary Charges. \$500 deductible applies to all out of network services.

In case of dispute, current Group Subscriber Agreement and Endorsements supersede this document. See page 18 for explanation of benefit changes effective July 1, 2013. Benefits Pending DOI approval.

Exclusions to Coverage for the Medical Plans

The following exclusions and limitations apply to the Presbyterian Health Plan My Care medical plans. Items with a “*” may be eligible for reimbursements under the Presbyterian Health Plan Unique Services Reimbursement Program (See page 11 for a summary)

Any exclusion listed would not be applicable if Covered under FIT Program in accordance with that which is required under N.M.S.A. § 59A-46-38.1. Refer to your Group Subscriber Agreement for details.

- Alternative/complementary therapies, except as specified in the Group Subscriber Agreement (GSA)*
- Any service, treatment, procedure, facility, equipment, drugs, drug usage, device or supply determined to be not medically necessary or accepted medical practice
- Artificial aids including speech synthesis devices except items identified in the Group Subscriber Agreement (GSA)
- Athletic trainers*
- Autopsies and/or transportation costs for deceased Members
- Baby food (including baby formula or breast milk) or other regular grocery products that can be blenderized for oral or tube feedings
- Benefits and services not specified as covered
- Biofeedback, except as specified in the Group Subscriber Agreement (GSA)
- Cancer Clinical Trials are limited to phase 2, 3 and 4 and must be provided for in the State of New Mexico in accordance with the provisions set forth in the Group Subscriber Agreement (GSA)
- Care for conditions which State or local law requires be treated in a public or correctional facility
- Care for military service connected disabilities to which the member is legally entitled and for which facilities are reasonably available to the member
- Charges that are determined to be unreasonable by the carrier
- Circumcisions performed other than during the newborn's hospital stay unless medically necessary
- Clothing or other protective devices including prescribed photoprotective clothing, windshield tinting, lighting fixtures and/or shields, and other items or devices whether by prescription or not
- Co-dependency treatment
- Convenience items
- Cosmetic surgery, treatments, devices, orthotics, and medications, including treatment of hair-loss
- Costs for extended warranties and premiums for other insurance coverage
- Counseling - sex, pastoral/spiritual, and bereavement counseling
- Court ordered evaluation or treatment, or treatment that is a condition of parole or probation or in lieu of sentencing, such as alcohol or substance abuse programs and/or psychiatric evaluation or therapy
- Covered services obtained from a non-participating provider/practitioner, except as provided in the Group Subscriber Agreement (GSA) (Not applicable to the Presbyterian Independent option or to the services eligible for reimbursement under the Unique Services Reimbursement Program services)
- Custodial or domiciliary care - including but not limited to eating, bathing, dressing or other self care activities or homemaker services.
- Dental care and dental x-rays, except as provided in the Group Subscriber Agreement (GSA)*
- Dental implants*
- Disposable medical supplies, except when provided in a hospital or a physician's office or by a home health professional
- Donor sperm
- Exclusions related to covered durable medical equipment - additional wheelchairs, duplicate items, convenience items, upgraded or deluxe items, repair or replacement due to loss, neglect, misuse, abuse, to improve appearance, for convenience or items under the manufacturer or supplier's warranty
- Elastic support hose
- Elective abortions after the 24th week of pregnancy
- Elective Home Birth and any prenatal or postpartum services connected with an elective home birth
- Emergency facility used for non-emergent services
- Exercise equipment and videos, personal trainers, club memberships and weight reduction programs*
- Experimental/Investigational, as determined by the carriers, drugs, medicines, treatments or procedures
- Extracorporeal shock wave therapy involving the musculoskeletal system
- Eye movement therapy.
- Eye refractive procedures including radial keratotomy, laser procedures, and other techniques*
- Eyeglasses (Corrective) or sunglasses, frames, lens prescription, contact lenses or the fitting thereof except as provided in the Group Subscriber Agreement (GSA)*
- Foot care (routine), except as provided in the Group Subscriber Agreement (GSA)
- “Get acquainted” visits without physical assessment or diagnostic or therapeutic intervention provided
- Gloves, unless part of a wound treatment kit
- Hair-loss (or baldness) treatments, medications, supplies and devices including wigs, and special brushes
- Halfway houses
- Hearing aids and the evaluation for the fitting of hearing aids
- Home sleep studies
- Hospice benefits are not available for the following services: food, housing and delivered meals, volunteer services, comfort items such as, but not limited to, aromatherapy, clothing, pillows, special chairs, pet therapy, fans, humidifiers, and special beds (excluding those covered under durable medical equipment benefits), homemaker and housekeeping services, private duty nursing, pastoral and spiritual counseling or bereavement counseling
- Hypnotherapy except as part of anesthesia preparation or chronic pain
- Infant formula
- In-vitro, GIFT and ZIFT fertilization
- Lay midwife - Services of a lay midwife or an unlicensed midwife
- Malocclusion treatment, if part of routine dental care and orthodontics
- Massage therapy, unless performed by a licensed physical therapist and as part of a prescribed short-term physical therapy program
- Medical and hospital services of a donor when the recipient of an organ transplant is a not a member or when the transplant procedure is not covered
- New medications for which the determination of criteria for coverage has not yet been established by the carrier
- Nutritional supplements except as provided in the Group Subscriber Agreement (GSA)*
- Organ transplants (Non-human), except for porcine (pig) heart valve
- Orthodontic appliances, endodontics, dental prosthetics, crowns, bridges, and dentures*
- Orthodontic appliances and orthodontic treatment, crowns, bridges, and dentures used for the treatment of Craniomandibular and Temporomandibular Joint disorders, unless the disorder is trauma related*
- Orthopedic or corrective shoes, arch supports, shoe appliances, foot orthotics, and custom fitted braces or splints except for patients with diabetes or other significant neuropathies
- Orthotics (functional foot), except as provided in the Group Subscriber Agreement (GSA) for patients with diabetes or other significant peripheral neuropathies
- Orthotics/orthosis (Custom Fabricated) except as specified in the Group Subscriber Agreement (GSA).
- Over-The-Counter (OTC) medications except as specified in the Group Subscriber Agreement (GSA).
- Personal or comfort items, services or treatments
- Photophoresis for all conditions other than mycosis fungoides
- Physical examinations, vaccinations, drugs and immunizations for the primary intent of medical research or non-medically necessary purpose(s) such as, but not limited to, licensing, certification, employment, insurance, flight, travel, passports or functional capacity examinations related to employment
- Prescription drugs received upon hospital discharge, provided by a hospital pharmacy unless a participating outpatient pharmacy is not available*
- Prescription drugs requiring a benefit certification when benefit certification was not obtained*
- Prescription drugs ordered by a non-participating provider or purchased at a non-participating pharmacy unless required due to an emergency occurring outside of the service area*
- Prescription drug, compounded medications*
- Prescription drug replacements due to loss, theft, or destruction*
- Private duty nursing
- Psychological testing when not medically necessary
- Residential treatment centers unless for the treatment of alcoholism and/or substance abuse rehabilitation
- Reversals of voluntary sterilization - male or female
- Services for which the member is eligible under any governmental program (except Medicaid), or services for which, in the absence of any health service plan or insurance plan, no charge would be made to the member or dependent
- Services requiring benefits certification when benefit certification was not obtained
- Sex transformation surgery and drugs relating to sex transformation
- Sexual dysfunction treatment, including medication, counseling, and clinics, except for penile prosthesis as provided in the Group Subscriber Agreement (GSA)
- Special education, school testing or evaluations, counseling, therapy or care for learning deficiencies or disciplinary problems. This applies whether or not associated with manifest mental illness or other disturbances. Except as provided for under the Family, Infant and Toddler (FIT) Program. Refer to the Group Subscriber Agreement (GSA) for more information
- Special medical foods, except as listed as covered in the Group Subscriber Agreement (GSA) for Genetic Inborn Errors of Metabolism
- Storage or banking of sperm, ova (human eggs), embryos, zygotes, or other human tissue
- “Telephone visits and electronic mail (E-mail)” by a Physician or “environmental intervention” or “consultation” by telephone for which a charge is made to the patient
- Transportation costs for deceased members
- Travel and lodging expense, except as provided in the Group Subscriber Agreement (GSA)
- Vision care (routine) and eye refractions for determining prescriptions for corrective lenses, except as listed as covered in the Group Subscriber Agreement (GSA)*
- Visual training
- Vocational rehabilitation services and long-term rehabilitation services
- Weight reduction or control treatments, except for medically necessary treatment for morbid obesity*
- Work-related accidents or injuries or occupational illness or disease if the member is required to be covered under workers' compensation insurance, whether or not such coverage actually exists
- Independent option - The following services are not covered on the out-of-network option: Organ transplants, infertility services, cardiac and pulmonary rehabilitation, covered mediations, prescription drugs, specialty pharmaceuticals and special medical foods.

The above is only a summary, some benefits may have been updated or have further limitations or exclusions. For a more complete description please refer to each plan's member current certificate, schedule of benefits or group subscriber agreement.



Dental Plan

Plan Benefits

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

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

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

Learn More

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

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

Cost of Coverage

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

City of Albuquerque and Participating Entities



Delta Dental offers a **dental** plan with two “in-network” provider network options: Delta Dental PPOSM and Delta Dental Premier[®].

This Point-of-Service Plan allows members to select any dentist in either network at the time services are received. Use the illustration below to help determine which network is right for you and your family.



Benefit Highlights July 2013

Delta Dental PPO SM	Delta Dental Premier [®]
<p>Choose a Delta Dental PPO Dentist to:</p> <ul style="list-style-type: none"> • Reduce out of pocket cost and receive more affordable care; • Receive preventive care covered at 100%; • Access a somewhat smaller network of dentists who have agreed to discounted fees. 534 ABQ Metro dentist locations 180,000 national dentist locations 	<p>Choose a Delta Dental Premier Dentist when:</p> <ul style="list-style-type: none"> • Your current general dentist does not participate in the Delta Dental PPO network and you agree to contribute toward the cost of preventive care; • If you require a specialist that only participates in the Delta Dental Premier Network; • Accessing the broadest selection of dentists. 687 ABQ Metro dentist locations 264,000 national dentist locations

- * Delta Dental is the sole dental carrier for the 2013-2014 plan year.
- * Effective July 1, 2013 the deductible will change to an annual deductible. The deductible will only apply to Restorative, Basic and Major Services (*waived for Diagnostic, Preventive and Orthodontic Benefits*).
- * No change to benefit/coverage levels.
- * More dentists participate in the Delta Dental Networks. Two provider networks offers enrollees with choices at the time they receive care: more access or a higher level of savings.
- * The dental plan has maintained orthodontic coverage for both children **and** adults.

Did you know?

More than 120 disease signs and symptoms can now be detected through a routine oral exam including:

- Diabetes
- Anorexia/Bulimia
- Kidney Failure
- Anemia, including other nutritional deficiencies
- HIV/AIDS
- Heart Disease
- Oral Cancer
- Sjögren’s Syndrome

Regular dental checkups are more important than ever, not only for your oral health, but for general health and well being. Early prevention can reduce discomfort and financial costs associated with more severe forms of dental diseases.

Benefit Enhancement

At no additional cost, individuals with the following conditions, may qualify for additional cleanings:

- ✓ Individuals with periodontal disease who are diabetic or pregnant.
- ✓ Renal failure/dialysis
- ✓ Suppressed immune system
- ✓ Individuals at risk for infective endocarditis
- ✓ Head, neck, and radiation treatment

Talk with your dentist about a treatment plan if you have any of the above conditions.



Contact Delta Dental:

(505) 855-7111 or
(877) 395-9420 (Toll-free)
benefitservices@deltadentalnm.com
www.DeltaDentalNM.com
2500 Louisiana Blvd. NE Suite 600
Albuquerque, NM 87110

We do dental. *Better.*

Dental Benefits At-A-Glance

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



	In-Network	
	Delta Dental PPO	Delta Dental Premier
Annual Benefit Maximum (per plan year)  Preventive Care Security (PCS) included. Benefits paid for Diagnostic and Preventive Services <i>never</i> reduce the Annual Benefit Maximum	\$1,500 per person	
Annual Deductible	\$50 per person, \$150 family (per plan year)	
Lifetime Orthodontic Benefit Maximum	\$1,200 per person	
Diagnostic and Preventive Services¹		
Examples of Diagnostic and Preventive Services include: Cleanings, Exams, X-rays, Fluoride treatment, Sealants, Emergency treatment for the relief of pain	Plan pays 100% no deductible applies	Plan pays 80% no deductible applies
Basic Services		
Examples of Basic Services include: Fillings, Stainless steel crowns, Root canals, Periodontics, Oral surgery, Prescription medications for dental related conditions	Plan pays 85% subject to deductible	Plan pays 85% subject to deductible
Major Services		
Examples of Major Services include: Specified implant services, Crowns, Partial or complete dentures, Bridges	Plan pays 50% subject to deductible	Plan pays 50% subject to deductible
Orthodontic Services		
Diagnostic, active and retention treatment for adults and children	Plan pays 50%	Plan pays 50%

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

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

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

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

VSP Choice Plan[®]

Prepared for City of Albuquerque and Participating Entities



The VSP Choice Plan is a premier full-service plan that offers choice, flexibility, and maximum value through a VSP Preferred Provider. We also have arrangements with high quality retail chains as affiliate providers¹. Whether your employees choose a preferred or affiliate provider, they will receive a covered-in-full benefit experience.

Providers Choices	<p>VSP Preferred Providers</p> <ul style="list-style-type: none"> 49,000 access points nationwide. VSP preferred providers are located in retail, neighborhood, medical and professional settings. <p>Retail Chain Affiliate Providers¹</p> <ul style="list-style-type: none"> VSP contracts with Costco[®] Optical, Eye Care Centers of America, Inc.[™], and other high quality retail chains. <p>Other Providers</p> <ul style="list-style-type: none"> We also have a direct pay or assignment of benefits arrangement with Walmart Vision Center and Sam's Club[®] Optical Center. Your employees have the freedom to choose any provider, national retailer, or local retail chain. 																					
Benefits through a VSP Choice Preferred Provider¹																						
Exam Services once every plan year	<p>Comprehensive WellVision Exam[®] covered-in-full, after a \$10 copay</p> <p>Routine retinal screening (Optimap) guaranteed pricing, not to exceed \$39</p> <p>Contact lens exam (fitting and evaluation):</p> <ul style="list-style-type: none"> Standard fit: Covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed \$60 Premium fit: Covered in full after copay. Member receives 15% off of contact lens exam services; member's copay will never exceed \$60 																					
Lenses once every plan year	<table border="0"> <tr> <td style="vertical-align: top;">Glass or plastic:</td> <td>Single vision</td> <td>Covered-in-full, after a \$15 copay</td> </tr> <tr> <td></td> <td>Lined bifocal</td> <td>Covered-in-full, after a \$15 copay</td> </tr> <tr> <td></td> <td>Lined trifocal</td> <td>Covered-in-full, after a \$15 copay</td> </tr> <tr> <td></td> <td>Lenticular</td> <td>Covered-in-full, after a \$15 copay</td> </tr> </table>	Glass or plastic:	Single vision	Covered-in-full, after a \$15 copay		Lined bifocal	Covered-in-full, after a \$15 copay		Lined trifocal	Covered-in-full, after a \$15 copay		Lenticular	Covered-in-full, after a \$15 copay									
Glass or plastic:	Single vision	Covered-in-full, after a \$15 copay																				
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	Lined trifocal	Covered-in-full, after a \$15 copay																				
	Lenticular	Covered-in-full, after a \$15 copay																				
Lens Options	<p>The most popular lens options are covered-in-full with a copay, saving our members an average of 20-25%. Maximum copay on standard lens options:</p> <table border="0"> <thead> <tr> <th><i>Patient Option</i></th> <th><i>Single Vision</i></th> <th><i>Multifocal</i></th> </tr> </thead> <tbody> <tr> <td>Anti-reflective coating</td> <td>\$41</td> <td>\$41</td> </tr> <tr> <td>Polycarbonate for children</td> <td>No copay</td> <td>No copay</td> </tr> <tr> <td>Polycarbonate</td> <td>\$31</td> <td>\$35</td> </tr> <tr> <td>Progressive</td> <td>N/A</td> <td>\$55</td> </tr> <tr> <td>Photochromic</td> <td>\$70</td> <td>\$82</td> </tr> <tr> <td>Scratch-resistant coating</td> <td>\$17</td> <td>\$17</td> </tr> </tbody> </table>	<i>Patient Option</i>	<i>Single Vision</i>	<i>Multifocal</i>	Anti-reflective coating	\$41	\$41	Polycarbonate for children	No copay	No copay	Polycarbonate	\$31	\$35	Progressive	N/A	\$55	Photochromic	\$70	\$82	Scratch-resistant coating	\$17	\$17
<i>Patient Option</i>	<i>Single Vision</i>	<i>Multifocal</i>																				
Anti-reflective coating	\$41	\$41																				
Polycarbonate for children	No copay	No copay																				
Polycarbonate	\$31	\$35																				
Progressive	N/A	\$55																				
Photochromic	\$70	\$82																				
Scratch-resistant coating	\$17	\$17																				
Frame once every other plan year	<ul style="list-style-type: none"> \$105 allowance for a wide selection of frames. Members can choose from virtually any frame on the market Frame allowances backed by a wholesale allowance guarantee, ensuring over 16,000 frames are covered-in-full 20% off any amount above the retail allowance 																					
Elective Contact Lenses (in lieu of frame & lenses) once every plan year	<ul style="list-style-type: none"> \$115 allowance for Prescription contact lens materials Members can choose from any available prescription contact lens materials VSP members get exclusive mail-in rebate savings² up to \$115 on eligible Bausch + Lomb contacts and up to \$125 on eligible ACUVUE Brand Contact Lenses 																					



Necessary Contact Lenses (in lieu of frame & lenses) <i>once every plan year</i>	Covered-in-full, after a \$15 copay for members who have specific conditions																				
Additional Pairs of Glasses	20% off unlimited additional pairs of prescription glasses and/or non-prescription sunglasses, including lens options, from any VSP Preferred Provider within 12 months of your last WellVision Exam																				
Laser VisionCare Program	Discounts average 15-20% off or 5% off a promotional offer for laser surgery, including PRK, LASIK, and Custom LASIK ³																				
Diabetic EyeCare Plus ProgramSM	Allows you to obtain medical eyecare services related to Type I and Type 2 diabetes. There is a \$20 copay for medical eyecare exams																				
Eye Health Management Program[®]	<ul style="list-style-type: none"> • VSP collects HIPAA-compliant patient condition data and shares it with your health plan or disease management vendor • ICD-9 code-based reporting of certain chronic conditions supports your disease management efforts • Exam reminder letters sent to VSP members with certain conditions who have not had an eye exam in 14 months 																				
Open Access Schedule	<p>We offer a generous reimbursement schedule for services from other providers</p> <table> <tr> <td>Exam:</td> <td>\$45</td> </tr> <tr> <td>Lenses:</td> <td></td> </tr> <tr> <td> Single vision</td> <td>\$30</td> </tr> <tr> <td> Lined bifocal</td> <td>\$50</td> </tr> <tr> <td> Lined trifocal</td> <td>\$65</td> </tr> <tr> <td> Lined lenticular</td> <td>\$100</td> </tr> <tr> <td> Progressives</td> <td>\$50</td> </tr> <tr> <td>Frame</td> <td>\$70</td> </tr> <tr> <td>Elective contact lenses (in lieu of lenses and frame)</td> <td>\$100</td> </tr> <tr> <td>Necessary Contact Lenses</td> <td>\$210</td> </tr> </table>	Exam:	\$45	Lenses:		Single vision	\$30	Lined bifocal	\$50	Lined trifocal	\$65	Lined lenticular	\$100	Progressives	\$50	Frame	\$70	Elective contact lenses (in lieu of lenses and frame)	\$100	Necessary Contact Lenses	\$210
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Necessary Contact Lenses	\$210																				

Exclusions

The following items are excluded under this plan: two pairs of glasses instead of bifocals; replacement of lenses, frames, or contacts; medical or surgical treatment; orthoptics; vision training or supplemental testing

Items not covered under the contact lens coverage: insurance policies or service agreements; artistically painted or non-prescription lenses; additional office visits for contact lens pathology; contact lens modification; polishing or cleaning

¹ Affiliate provider program available upon request. Benefits vary at affiliate locations.

² Rebates subject to change.

³ Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. LaserVision Care discounts are only available from VSP-contracted facilities.



Benefit Highlights

City of Albuquerque and Water Authority

<p>What is Basic Life and AD&D Insurance?</p>	<p>Your Employer provides, at no cost to you, Basic Life and AD&D Insurance in an amount equal to 1.4 times your Base Annual Salary, rounded to the next higher \$1,000 to a maximum of \$50,000. Life Insurance pays your <i>beneficiary</i> (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your Basic Life and AD&D Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.</p>
<p>Why do I need Basic Life and AD&D Insurance?</p>	<p>Basic Life and AD&D Insurance provides affordable financial security for your loved ones, although when it comes down to it, contemplating some pretty unpleasant things is hard to do. But when you consider the fact that between 1995 and 1997, almost 40% of all deaths that occurred were people between the ages of 25 and 64¹, it's harder to ignore. Especially when your family depends on your income.</p> <p>¹Death Rates by Age, Sex and Race: 1970 to 1997, U.S. Census Bureau, Statistical Abstract of the United States, 1999, page 95.</p>
<p>Am I eligible?</p>	<p>All Active Full Time and Part Time Regular Employees and Elected Officials who work at least 20 hours per week on a regularly scheduled basis.</p>
<p>When can I enroll?</p>	<p>As an eligible Employee, you are automatically covered by Basic Life and AD&D Insurance; you do not have to enroll. If you have not already done so, you must designate a beneficiary as described below.</p>
<p>When is it effective?</p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. In no case will benefits become effective sooner than 7/1/2013 or Date of Hire. You must be Actively at Work with your employer on the day your coverage takes effect.</p>
<p>Benefit Reductions</p>	<p>When you retire, your coverage will reduce by 50%. Your employer will continue to provide this coverage at no cost to you. You may convert the lost coverage as outlined below.</p>
<p>What is a beneficiary?</p>	<p>Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.</p>

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<p>AD&D Coverage</p>	<p>AD&D provides benefits due to certain injuries or death from an accident. The covered injuries or death can occur up to 365 days after that accident. The insurance pays:</p> <ul style="list-style-type: none"> • 100% of the amount of coverage in the event of accidental loss of life, two limbs, the sight of both eyes, one limb and the sight of one eye, or speech and hearing in both ears or quadriplegia. • 75% for paraplegia or triplegia (paralysis of three limbs). • One-half (50%) for accidental loss of one limb, sight of one eye, or speech or hearing in both ears or hemiplegia. • One-quarter (25%) for accidental loss of thumb and index finger of the same hand or uniplegia. <p>Your total benefit for all losses due to the same accident will not be covered more than 100% of the amount of coverage.</p>
<p>Can I keep my Life Coverage if I leave my employer?</p>	<p>Yes, subject to the contract, you have the option of:</p> <ul style="list-style-type: none"> • Converting your group Life coverage to your own individual policy (policies). • If you leave your employer, Portability is an option that allows you to continue your Life Insurance coverage. To be eligible, you must terminate your employment prior to Social Security Normal Retirement Age. This option allows you to continue all or a portion of your Basic Life Insurance under a separate Portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$50,000 and does not include coverage for your dependents. To elect Portability, you must apply and pay the premium within 31 days of the termination of your Basic Life Insurance. Evidence of Insurability will not be required.
<p>What is the Living Benefits Option?</p>	<p>If you are diagnosed as terminally ill with a 12 month life expectancy, you may be eligible to receive payment of a portion of your Life Insurance. The remaining amount of your Life Insurance would be paid to your beneficiary when you die.</p>

Important Details

As is standard with most term life Insurance, this Insurance coverage includes certain limitations and exclusions:

- The amount of your coverage may be reduced when you reach certain ages.
- AD&D Insurance does not cover losses caused by or contributed by:

<ul style="list-style-type: none"> • Sickness; disease; or any treatment for either; • Any infection, except certain ones caused by an accidental cut or wound; • Intentionally self-inflicted injury, suicide or suicide attempt; • War or act of war, whether declared or not; 	<ul style="list-style-type: none"> • Injury sustained while in the armed forces of any country or international authority; • Taking prescription or illegal drugs unless prescribed for or administered by a licensed physician; • Injury sustained while committing or attempting to commit a felony; • The injured person's intoxication.
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Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.

This Benefit Highlights Sheet is an overview of the Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

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Voluntary Life and AD&D Insurance



<p>Benefit Highlights</p> <p>City of Albuquerque and Participating Entities</p>	
<p>What is Voluntary Life and AD&D Insurance?</p>	<p>Voluntary Life and AD&D Insurance is coverage that you pay for.</p> <p>Voluntary Life and AD&D Insurance pays your <i>beneficiary</i> (please see below) a benefit if you die while you are covered.</p> <p>This highlight sheet is an overview of your Voluntary Life and AD&D Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.</p>
<p>Why do I need Voluntary Life and AD&D Insurance?</p>	<p>Voluntary Life and AD&D Insurance provides affordable financial security for your loved ones, although when it comes down to it, contemplating some pretty unpleasant things is hard to do. But when you consider the fact that between 1995 and 1997, almost 40% of all deaths that occurred were people between the ages of 25 and 64¹, it's harder to ignore. Especially when your family depends on your income.</p> <p>¹Death Rates by Age, Sex and Race: 1970 to 1997, U.S. Census Bureau, Statistical Abstract of the United States, 1999, page 95.</p>
<p>Am I eligible?</p>	<p>You are eligible if you are an active Full Time or Part Time Regular Employee of the City of Albuquerque or a Participating Entity who works at least 20 hours per week on a regularly scheduled basis.</p>
<p>When can I enroll?</p>	<p>You may enroll in Voluntary Life and AD&D Insurance when first eligible as a new hire, during Annual Enrollment and upon the occurrence of any subsequent Qualifying Event.</p>
<p>When is it effective?</p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. In no case will newly elected benefits become effective sooner than 7/1/2013 or Date of Hire. You must be Actively at Work with your employer on the day your coverage takes effect.</p>
<p>How much Voluntary Life and AD&D Insurance can I purchase?</p>	<p>You can purchase Voluntary Life and AD&D Insurance in increments of \$10,000 to the greater of \$250,000 or 7 times Base Annual Salary. The maximum amount you can purchase cannot exceed \$500,000. Base Annual Salary is as defined in The Hartford's contract with your employer.</p> <p>If you purchase any amount of Employee Voluntary Life Insurance, you will automatically be enrolled in \$20,000 of Voluntary AD&D Insurance.</p>
<p>I already have Voluntary Life and AD&D Insurance coverage; do I have to do anything?</p>	<p>If you take no action, your coverage and coverage for your eligible dependents will automatically continue with The Hartford subject to the terms of the contract.</p>

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<p>Am I guaranteed coverage?</p>	<p>If you are currently participating in this coverage you may increase your current coverage by \$10,000 up to \$250,000 without providing evidence of good health. Additional coverage amounts above \$250,000 will require evidence of insurability that is satisfactory to The Hartford before the excess can become effective. If you were previously eligible, and are now electing coverage for the first time, evidence of insurability that is satisfactory to The Hartford will be required before any coverage can become effective.</p> <p>If you are a new employee, you can enroll for coverage in increments of \$10,000 up to the guaranteed issue amount of \$250,000 without providing evidence of good health.</p>												
<p>What is a beneficiary?</p>	<p>Your beneficiary is the person (or persons) or legal entity (entities) who receives a benefit payment if you die while you are covered by the policy. You must select your beneficiary when you complete your enrollment application; your selection is legally binding.</p>												
<p>Are there other limitations to enrollment?</p>	<p>If you do not enroll within 31 days of your first day of eligibility, you will be considered a "late entrant." Late entrants may apply during Annual Enrollment and must show evidence of insurability and maybe responsible for the cost of the physical exams or other associated costs if they are required.</p>												
<p>Spouse Voluntary Life and AD&D Insurance</p>	<p>You may choose to purchase Spouse/Domestic Partner Voluntary Life and AD&D Insurance in increments of \$10,000 up to 100% of the amount of coverage you have elected for yourself to a maximum of \$500,000. If you purchase any amount of Spouse/Domestic Partner Voluntary Life insurance, you will automatically be enrolled in \$20,000 in Spouse/Domestic Partner Voluntary AD&D Insurance.</p> <p>You may not elect coverage for your spouse or domestic partner if they are an active member of the armed forces of any country or international authority. If you spouse or domestic partner is also an employee of the same employer, they may only be covered as an employee or a dependent. No one may be covered as both an employee and spouse or domestic partner. If your spouse or domestic partner is confined in a hospital or elsewhere because of disability on the date his or her Insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days.</p> <p>If you purchase an amount greater than the coverage amounts in the table below or increase coverage after initial eligibility, evidence of insurability will apply, which means you need to supply proof of good health which is acceptable to the insurance company.</p> <table border="1" data-bbox="492 1087 1463 1255"> <thead> <tr> <th>Employee Coverage Amount</th> <th>Spouse/Domestic Partner Coverage Guaranteed Amount</th> </tr> </thead> <tbody> <tr> <td>\$50,000</td> <td>\$10,000</td> </tr> <tr> <td>\$100,000</td> <td>\$20,000</td> </tr> <tr> <td>\$150,000</td> <td>\$30,000</td> </tr> <tr> <td>\$200,000</td> <td>\$40,000</td> </tr> <tr> <td>\$250,000</td> <td>\$50,000</td> </tr> </tbody> </table>	Employee Coverage Amount	Spouse/Domestic Partner Coverage Guaranteed Amount	\$50,000	\$10,000	\$100,000	\$20,000	\$150,000	\$30,000	\$200,000	\$40,000	\$250,000	\$50,000
Employee Coverage Amount	Spouse/Domestic Partner Coverage Guaranteed Amount												
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<p>Child(ren) Voluntary Life Insurance</p>	<p>If you enroll in Employee Voluntary Life you may choose to purchase Child(ren) Voluntary Life coverage in increments of \$2,500 to a maximum of \$10,000 for each Child - no medical information is required. You may not elect coverage for your Child if your Child is an active member of the armed forces of any country or international authority.</p> <ul style="list-style-type: none"> • If your dependent Child is confined in a hospital or elsewhere because of disability on the date his or her Insurance would normally have become effective, coverage (or an increase in coverage) will be deferred until that dependent is no longer confined and has performed all the normal activities of a healthy person of the same age for at least 15 consecutive days. • Children are covered from Live Birth to 26 years old. • Children age 26 or older may be covered if they were disabled prior to attaining age 26. • Child(ren) from Live Birth to 6 months are limited to a reduced benefit of \$500. 												

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<p>Does my coverage reduce as I get older?</p>	<p>50% at age 70. All coverage cancels at retirement.</p>
<p>Can I keep my Life coverage if I leave my employer?</p>	<p>Yes, subject to the contract, you have the option of:</p> <ul style="list-style-type: none"> • Converting your group Life coverage to your own individual policy (policies). • If you leave your employer, Portability is an option that allows you to continue your Life Insurance coverage. To be eligible, you must terminate your employment prior to Age 65. This option allows you to continue all or a portion of your Life Insurance coverage under a separate Portability term policy. Portability is subject to a minimum of \$5,000 and a maximum of \$250,000 and does include coverage for your Spouse or Domestic Partner and Child(ren) . To elect Portability, you must apply and pay the premium within 31 days of the termination of your Life Insurance. Evidence of Insurability will not be required. <p>Dependent Spouse or Domestic Partner Portability is subject to a maximum of \$50,000.</p> <p>Dependent Child Portability is subject to a maximum of \$10,000.</p>
<p>Do I still pay my Life Insurance premiums if I become disabled?</p>	<p>Yes, however if you become totally disabled before age 60 and your disability lasts for at least 9 months, your Life Insurance premium may be waived. The premium for the dependents coverage will also be waived if you are disabled and approved for waiver of premium. Coverage for your dependents ends if the policy terminates.</p>

Important Details

As is standard with most term life Insurance, this Insurance coverage includes limitations and exclusions:

- The amount of your coverage may be reduced when you reach certain ages.
- Death by suicide (two years).

Other exclusions may apply depending upon your coverage. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.

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Voluntary Short Term Disability Insurance



Benefit Highlights

City of Albuquerque and Participating Entities

<p>What is Voluntary Short Term Disability Insurance?</p>	<p>Voluntary Short Term Disability Insurance pays you a portion of your Base Salary if you cannot work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your Voluntary Short Term Disability Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.</p>
<p>What is disability?</p>	<p>Disability is defined in The Hartford's contract with your employer. Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning less than 20% of your pre-disability Weekly Earnings or You are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning less than 80% of your pre-disability Weekly Earnings.</p>
<p>Am I eligible?</p>	<p>You are eligible if you are an active Full Time Regular Employee of the City of Albuquerque or a Participating Entity who works at least 20 hours per week on a regularly scheduled basis.</p>
<p>How much coverage would I have?</p>	<p>You may purchase coverage that would pay you a benefit of 60% of your weekly Salary. The maximum Voluntary Short Term Disability Insurance benefit you could receive is \$1,155 per week.</p> <p>Salary is defined as in The Hartford's contract with your employer.</p>
<p>When can I enroll?</p>	<p>You may purchase Voluntary Short Term Disability Insurance when first eligible as a new hire and during Annual Enrollment.</p>
<p>When is it effective?</p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. In no case will newly elected benefits become effective sooner than 7/1/2013 or Date of Hire. You must be Actively at Work with your employer on the day your coverage takes effect.</p>
<p>How long do I have to wait before I can receive my benefit?</p>	<p>Once you are approved for coverage, you will be eligible to collect your Voluntary Short Term Disability Insurance benefit starting on the 30th day after your accident or 30th day of sickness. Your benefit could continue for up to 22 weeks.</p>

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<p>I already have Disability coverage through my employer; do I have to do anything?</p>	<p>This is a group policy first effective 7/1/2013. An enrollment form is required and enrollment is not automatic</p>
<p>If I'm disabled, can the amount of my benefit be reduced?</p>	<p>Yes. As described on the following page, your monthly Short-Term benefit may be reduced by other income you receive.</p>
<p>Are there other limitations to enrollment?</p>	<p>The guarantee issue amount is the amount of Insurance that you may elect without providing evidence of insurability.</p> <p>If you enroll during this enrollment period, your coverage is provided to you on a guaranteed issued basis - no medical information is required. If you enroll after this enrollment period due to any subsequent Qualifying Event evidence of insurability will be required for all coverage amounts.</p>

Important Details

The following is an overview of your Voluntary Short Term Disability Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.

Exclusions:

You cannot receive Voluntary Short Term Disability Insurance benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- Sickness or injury for which Workers' Compensation benefits are paid, or may be paid, if duly claimed
- Any injury sustained as a result of doing any work for pay or profit for another employer

You must be under the regular care of a physician to receive benefits.

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits
- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits you start to receive that are funded by your after-tax contributions
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Personal disability policies
- Social Security increases

This Benefit Highlights Sheet is an overview of the Voluntary Short Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

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City of Albuquerque
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Voluntary Long Term Disability Insurance



Benefit Highlights

City of Albuquerque and Participating Entities

<p>What is Voluntary Long Term Disability Insurance?</p>	<p>Voluntary Long Term Disability Insurance pays you a portion of your Base Salary if you cannot work because of a disabling illness or injury.</p> <p>This highlight sheet is an overview of your Voluntary Long Term Disability Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.</p>
<p>What is disability?</p>	<p>Disability is defined in The Hartford’s contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less than your pre-disability earnings. Once you have been disabled for 24 months, you must be prevented from performing one or more of the essential duties of any occupation and as a result, your current monthly earnings are 60% or less than your pre-disability earnings.</p>
<p>Am I eligible?</p>	<p>You are eligible if you are an active Full Time Regular Employee of the City of Albuquerque or a Participating Entity who works at least 20 hours per week on a regularly scheduled basis.</p>
<p>How much coverage would I have?</p>	<p>You may purchase coverage that pays you a benefit of 60% of your Salary to a maximum monthly benefit of \$5,000 per month. This plan includes a minimum benefit of the greater of: 10% of the benefit based on Monthly Income Loss before the deduction of Other Income Benefits or \$100 per month.</p> <p>Salary is defined as in The Hartford’s contract with your employer.</p>
<p>When can I enroll?</p>	<p>You may purchase Voluntary Long Term Disability Insurance when first eligible as a new hire and during Annual Enrollment.</p>
<p>When is it effective?</p>	<p>Coverage goes into effect subject to the terms and conditions of the policy. In no case will newly elected benefits become effective sooner than 7/1/2013 or Date of Hire. You must be Actively at Work with your employer on the day your coverage takes effect.</p>
<p>How long do I have to wait before I can receive my benefit?</p>	<p>You must be disabled for at least 180 days before you can receive a Voluntary Long Term Disability Insurance benefit payment.</p>

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<p>Are there other limitations to enrollment?</p>	<p>The guarantee issue amount is the amount of Insurance that you may elect without providing evidence of insurability.</p> <p>If you are not a new employee and are electing coverage for the first time you will be required to provide evidence of insurability that is satisfactory to The Hartford before coverage can become effective. If you are currently enrolled, evidence of insurability is not required to maintain your current coverage.</p>
<p>I already have Voluntary Long Term Disability Insurance coverage through my employer; do I have to do anything?</p>	<p>If you take no action, your coverage will automatically continue with The Hartford subject to the terms of the contract.</p>
<p>Can the duration or amount of my benefit be reduced?</p>	<p>Yes. Your benefit duration may be reduced once you reach certain ages as specified in The Hartford's contract with your employer. In addition, as described below within the Important Details, your monthly Long-Term benefit may be reduced by other income you receive.</p>
<p>How long will my disability payments continue?</p>	<p>For as long as you remain disabled, or until you reach your Social Security Normal Retirement Age (As stated in the 1983 revision of the United States Social Security Act), whichever is sooner. If your disability occurs at age 65 or above, your payments may be reduced.</p>

Important Details

The following is an overview of your Voluntary Long Term Disability Insurance. Once a group policy is issued to your employer, a certificate of Insurance will be available to explain your coverage in detail.

Exclusions:

You cannot receive Voluntary Long Term Disability Insurance benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability

You must be under the regular care of a physician to receive benefits.

Mental Illness, Alcoholism and Substance Abuse:

- You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse for a total of 24 months for all disability periods during your lifetime.
- Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 24 months lifetime limit.

Pre-existing Conditions:

Your Insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your policy, you will be covered for a disability due to that condition only if:

- You have not received treatment for your condition for the length of time specified in the contract before the effective date of your Insurance, or
- You have been insured under this coverage for length of time specified in the contract prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
- You have already satisfied the pre-existing condition requirement of your previous insurer.

Your benefit payments **will be reduced** by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance (please see next section for exceptions)
- Workers' Compensation
- Other employer-based Insurance coverage you may have
- Unemployment benefits

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

- Settlements or judgments for income loss
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

Your benefit payments **will not be reduced** by certain kinds of other income, such as:

- Retirement benefits if you were already receiving them before you became disabled
- Retirement benefits that are funded by your after-tax contributions
- Your personal savings, investments, IRAs or Keoghs
- Profit-sharing
- Most personal disability policies
- Social Security increases

This Benefit Highlights Sheet is an overview of the Voluntary Long Term Disability Insurance being offered and is provided for illustrative purposes only and is not a contract. It in no way changes or affects the policy as actually issued. Only the Insurance policy issued to the policyholder (your employer) can fully describe all of the provisions, terms, conditions, limitations and exclusions of your Insurance coverage. In the event of any difference between the Benefit Highlights Sheet and the Insurance policy, the terms of the Insurance policy apply.

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City of Albuquerque
Enrollment Period 5/6/2013 - 5/30/2013
Rev 03/08

Flexible Spending Accounts

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

- Medical Care Reimbursement Account
- Dependent Care Reimbursement Account

These accounts are administered by BASIC, who holds your payroll deductions and makes reimbursements to you out of your account(s).

You must complete the Flexible Benefit Plan Election/Change Form and the Direct Deposit Authorization Form (located on the back of the enrollment form) to participate.

The medical care reimbursement account lets you set aside tax-free dollars for a wide range of health-related expenses that are not covered by the medical, dental or vision plans. You do not have to enroll in the medical, dental or vision plans to participate in this program.

The dependent care reimbursement account lets you set aside tax-free dollars for eligible day care expenses for your dependents.

For expenses to qualify:

- You and your spouse must be employed or actively seeking employment or attending school full time.
- Dependent care provider must claim payments as income.
- Dependent care expenses paid during a sick leave, holiday, or vacation are not eligible.
- Expenses must be for the care of a qualified person:
 - A child under 13 years old who is a dependent for income tax purposes. (If your child turns 13 during the plan year, expenses are no longer eligible for reimbursement.)
 - A spouse or dependent who is incapable of self-care and regularly spends at least eight hours per day in your home (i.e. an invalid parent). The same rules that apply for child care apply to the care of other dependents, except that the dependent need not be under age 13.

How the Accounts Work

First, you must incur an eligible expense. Then, you submit a Reimbursement Form and receipts to BASIC. You will receive the reimbursement through direct deposit if you complete the Direct Deposit Authorization Form. Since you are reimbursing yourself with “tax-free” dollars, you have more buying power than if you paid for the same expenses with after-tax dollars.

When you enroll, you need to decide how much you would like to contribute to your accounts each year:

- **For the medical care account**, the plan minimum is \$260 (or \$10 per pay check) and the maximum is \$2,500 per eligible employee per year. If you and your spouse are employed by the City each can contribute \$2,500.
- **For the dependent care account**, the plan minimum is \$260 (or \$10 per pay check) and the maximum is \$5,000 (married-filing jointly) or \$2,500 (married-filing separately) each year.

You must carefully consider how much you would like to contribute. Because of the tax break, the IRS requires a “use it or lose it” feature for this benefit. That means if you have not incurred enough qualified expenses by the end of the plan year, it will be forfeited. The monthly fee per employee will be paid by the City.

You must enroll each year if you want to continue participating in the flexible spending account program.



Learn More

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

www.basiconline.com

The dependent care account is a pay-as-you-go account. You may only be reimbursed up to the amount you have contributed to the account.

You should check with a tax advisor to see what your savings might be if you participate in the flexible spending account program.

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

Federal regulations do not permit expenses for domestic partners to qualify for the flexible spending accounts.

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

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

Eligible FSA medical expenses include:

- Ambulance; crutches; eye glasses
- Copays and deductibles
- Nursing care; Physical Therapy
- Orthodontics¹
- Over-the-counter medicines such as pain relievers, allergy and cold medicines²
- Birth control
- Smoking cessation programs, nicotine patches/gum
- Special needs³

For a comprehensive list of eligible expenses, visit www.irs.gov and search for IRS Publication No. 502.

Eligible FSA dependent care expenses include:⁴

- The costs for dependent day care, at home or in a day care center
- Nursery school expenses

For more information, visit www.irs.gov and search for IRS Publication No. 503.

Eligible expenses must be incurred between your effective date and your termination date or June 30th, whichever is earlier. You have 90 days from that date to submit claims for those incurred expenses for reimbursement.

Debit Card Option

Participants in the Flex Medical and/or the Flex Dependent Care plan may elect to receive a debit card. This can be used like a credit card to purchase qualified items or services, such as office visit and prescription drug co-pays. This option is an alternative to paying out of pocket and being reimbursed by the plan. Over-the-counter medical items such as cold medicine are qualified expenses under the plan with a doctor's prescription. However, after 12/31/2010 they may not be purchased with the plan's debit card. A form separate from the plan enrollment form is required to apply for the debit card for yourself, spouse and any qualified dependents over age 18.

Examples of **ineligible health care expenses** include Retin-A, weight loss programs, health club dues, diaper service, long-term care expenses.

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

Parking and Transit Plan (Section 132 Plan)

Now you can also save money on your transit costs (up to 40%) by joining the parking and transit program administered by BASIC.

You can pay for your work-related parking and mass transit costs with tax-free dollars. Because the City pays the administration fee, there is no cost to participate in this program.

How Much You Can Allocate Tax-Free?

The calendar year limit for mass transit is \$125 per month and \$240 per month for parking.

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

Enrolling

City-Owned Lots:

You must contact the Parking Division of the Municipal Development Department at 924-3950. By enrolling through them, your monthly salary reduction will automatically be applied to your payment due for parking.

Non-City Lots:

You must enroll online at www.basiconline.com Click on BASIC Parking. Click on submit expenses to complete the enrollment form. To receive reimbursement for non-City lot parking, expenses must be submitted online at www.basiconline.com within 180 days of incurring the expense. You will receive your reimbursement by direct deposit only.

What Expenses Are Eligible

Your parking expenses on or near the premises of the City of Albuquerque or a location from which you commute to work by train, bus, van or carpool. Parking/transit expenses resulting from travel to or from meetings, to visit other City departments, or other locations are ineligible for reimbursement.

¹Reimbursement can only be made in accordance with the orthodontia contract, (e.g., monthly quarterly, etc). The orthodontia contract must be provided with each claim.

²These items must be purchased to alleviate or treat personal injury or sickness. Eligible items do not require a prescription. If the cash register receipt does not show the item description, a copy of the product packaging with price tag will be needed with the receipt. Must submit prescription for OTCs.

³The service must be prescribed by a physician to treat a medical condition. Treatment cannot be for general health and/or well being.

⁴The services may be provided in your home or another location, but not by someone who is your minor child or dependent for income tax purposes (i.e. an older child).

- If the services are provided by a day care facility, that facility must comply with state day care regulations.
- Services must be for the physical care of the dependent, not for education, meals, registration, etc.
- Overnight camps and lessons in lieu of day care are not eligible for reimbursement from a dependent care account.



Western USA, Inc.
B.A.S.I.C. FLEX

2526 E. Lee Street
Tucson, AZ 85716
During Open Enrollment:
800-473-0455
After July 1:
800-444-1922, Ext. 1

City Sponsored Benefit

<h3>FISCAL YEAR 2014</h3> <ul style="list-style-type: none">• City pays administrative fees<ul style="list-style-type: none">- No employee cost to join• Permitted to change contributions<ul style="list-style-type: none">- Increase/decrease amounts*- Drop out of FSA*• Medical Reimbursement Increase<ul style="list-style-type: none">- Limit: Up to \$2,500• Dependent Care Expense<ul style="list-style-type: none">- Limit: Up to \$5,000 <h3>24/7 ACCESS TO ACCOUNT BALANCES</h3> <ul style="list-style-type: none">• Toll Free Number• Internet Access	<h3>ADVANTAGES</h3> <ul style="list-style-type: none">• Save Payroll Taxes<ul style="list-style-type: none">- 20% to 40% savings on:<ul style="list-style-type: none">▶ Out-of-pocket medical, dental and vision▶ Day care expenses <h3>QUICK, FAST TURNAROUND ON CLAIMS</h3> <ul style="list-style-type: none">• Direct deposit available• Claims processed daily• Designated Service Representative• Debit Card option with MobileApps. <p><i>* If IRS approved status change occurs</i></p>
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City of Albuquerque employees can take advantage of special program rates and payroll deduction

AUTO AND HOME INSURANCE PROGRAM

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

Travelers Program features

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

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

Call Travelers: 1.888.695.4640

Visit: travelers.com/cabq

Auto insurance

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

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

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

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

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

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

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

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

Home insurance

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

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

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

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

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

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



travelers.com/cabq

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

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

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

Additional protection

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

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

Convenient payment options

Choose from multiple payment options, including:

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

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



Group Legal Insurance Plan

A Legal Plan to Protect Your Family, Finances and Future

In today's world, no matter where you are in your life – starting your first job, approaching retirement, or somewhere in between – you are almost certain to experience life events that have potential legal ramifications. In fact, 7 out of 10 Americans experienced at least one legal need in the past year. Yet only 1 out of 4 Americans has a plan to pay for legal expenses that occur.¹

In your 20s... you might have a dispute with your landlord, fall victim to identity theft or change your name.

In your 30s... you might adopt a child, lose your license due to a traffic violation or want to buy or sell a house.

In your 40s... you might need to prepare a Will, resolve a dispute with a contractor or have an underage child who is in trouble with the law.

In your 50s and beyond... you might want to assume guardianship of your grandchild or have an issue with a manufacturer not honoring a warranty.

As a valued employee of City of Albuquerque, you have the opportunity to enroll in a group legal insurance plan from ARAG®. With a legal plan you have the professional legal help you need to protect yourself and your loved ones from legal difficulties.

Can you afford NOT to have this protection?

According to a recent study, employees who experienced a legal life event spent \$1,300 and an average of nearly 13 days off work to resolve their legal matters.² Do you have adequate savings and vacation time to handle such events? Given that attorneys charge an average of \$294 per hour³ the plan can protect you from unbudgeted legal expenses.

Full-time legal protection at your fingertips.

As a member, you will have access to professional attorneys, Certified Identity Theft Case Managers, financial counselors and other valuable resources to help you protect what's most important.

Legal Representation: When you have a legal need that requires legal advice, document review and preparation, or legal representation, you can meet with an attorney to get the legal help and protection you need. Attorney fees for most covered matters are **100% paid-in-full** when you work with a Network Attorney – **unlike discount legal plans.**

Legal Representation Benefits			
Legal Coverage	Using a Network Attorney	Legal Coverage	Using a Network Attorney
Adoption Proceedings	Paid-In-Full	Personal Property Issues	Paid-In-Full
Guardianship/Conservatorship	Paid-In-Full	Neighbor Disputes	Paid-In-Full
Legal Name Change Proceedings	Paid-In-Full	Buying and Selling a Home – Primary Residence	Paid-In-Full
Standard Will Preparation	Paid-In-Full	Real Estate Issues – Primary Residence	Paid-In-Full
Complex Will Preparation	Paid-In-Full	IRS Audit Protection	Paid-In-Full
Codicil (Amendment to a Will)	Paid-In-Full	IRS Collection Defense	Paid-In-Full
Living Will Preparation	Paid-In-Full	Criminal Misdemeanor	Paid-In-Full
Powers of Attorney	Paid-In-Full	Civil Damage Claims	Paid-In-Full
Consumer Protection	Paid-In-Full	Insanity or Infirmary	Paid-In-Full
Debt Collection Defense	Paid-In-Full	Uncontested Divorce	Paid-In-Full
Juvenile Court Proceedings	Paid-In-Full	Contested Divorce (<i>Up to 15 Hours</i>)	Paid-In-Full
Parental Responsibilities	Paid-In-Full	Motions to Modify (<i>Up to 8 Hours</i>)	Paid-In-Full
Drivers License Suspension & Revocation	Paid-In-Full	Habeas Corpus Proceedings	Paid-In-Full
Drivers License Restoration	Paid-In-Full	Small Claims Court	Paid-In-Full
Tenant Rental Issues	Paid-In-Full	Personal Bankruptcy	Paid-In-Full

Plus, your legal plan can help you save money even if your legal situation is not fully covered. Network Attorneys provide reduced fees of at least 25% off their normal rate for any legal situations that are not excluded.

800-247-4184 | ARAGLegalCenter.com (Access Code 16742coa)



Group Legal Insurance Plan

Legal Hotline: Attorneys can easily handle certain issues over the phone. You can **consult with a Network Attorney over the phone as often as necessary – and as long as necessary** – for any of the following legal needs:

- General Legal Advice and Consultation
- Standard Will Preparation
- Living Will and Durable Powers of Attorney Preparation
- Small Claims Assistance
- Follow-up Calls and Letters
- Specific Document Preparation
- Document Review

Online Legal Tools and Resources: Research a specific legal topic from the comfort of your own home. Visit the ARAG Legal Center to access:

■ **The Education Center** with a wide-range of online legal resources to help you with your legal situation.

■ **DIY Docs®** give you the convenience and control of preparing a variety of state-specific legal documents yourself.

Identity Theft Services: Toll-free access to Certified Identity Theft Case Managers, who help you assess your situation, identify options to minimize and recover from any damage, and obtain legal services available to you including:

- Legal advice and representation from a Network Attorney for identity theft matters including defense of debt collection, IRS audit and defense collection and drivers license restoration.
- Advice over the phone on credit agency issues, bankruptcy fraud, hospital/medical insurance fraud, Social Security fraud and more.
- Educational information and tools including an Identity Theft Prevention and Victim Action Kits, and online educational articles.

Immigration Assistance: If you need to utilize the United States Immigration Process, your legal plan will:

- Offer advice from an attorney via telephone on how immigration law relates to your situation.
- Provide access to Network Attorneys at a reduced fee for specific covered services.

Financial Education and Counseling Services:

Experienced Financial Counselors are available over the phone. They're committed to offering you a level of awareness and confidence to effectively manage your finances on topics such as general financial planning information and guidance, cash and debt management, budgeting, retirement planning, investment planning, federal tax information and education, Individual Retirement Accounts (IRAs) and more.

You also receive access to an **Online Financial Tools and Resources** that offer a personalized financial plan, online courses, life events guides, financial articles, financial calculators and webcasts.

Take Control. Enroll.

Can you really afford to go another year without valuable legal coverage? Your cost to enroll in the legal plan is only:

- **\$8.63 bi-weekly for individual coverage**
- **\$10.75 bi-weekly for individual plus one coverage**
- **\$11.03 bi-weekly for family coverage**

It's easy to enroll. Complete the Group Legal Insurance Plan Enrollment Form at ARAGLegalCenter.com (Access Code 16742coa) or contact ARAG toll-free at 800-247-4184.

To learn more about your group legal insurance plan, call ARAG toll free at...

800-247-4184

Monday through Friday, 7:00 a.m. to 7:00 p.m. Central time. Or visit ARAGLegalCenter.com and enter **Access Code 16742coa**.

Protect your family, finances and future with the Group Legal Insurance Plan from ARAG.

¹ "Legal Needs of Today's Multi-Generational Workforce," a national study conducted by Russell Research and commissioned by ARAG, September 2008. ² "Measuring the Effects of Legal Life Events on Employees," Conducted by Russell Research and commissioned by ARAG, April 2007. ³ Average attorney rates in the United States of \$294 per hour for attorneys with 11 to 15 years of experience, Survey of Law Firm Economics, The National Law Journal and ALM Legal Intelligence, July 2010.

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Living life the way you want to.

That's what independence and planning is all about.

Thanks to your employer, you and your eligible family members now have the opportunity to apply for long term care insurance at discounted rates. And, during the initial open enrollment period, eligible actively at work employees¹ can benefit by having to answer fewer health questions.

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

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

Many people mistakenly believe they are already covered.

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

Protect your retirement

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

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

Consider the facts:

40% of people who need long term care are working adults between ages of 18 and 64.² On a national average, one year in a nursing home or 24-hour home care can cost more than \$66,000 today.³

Long term care insurance important at any age

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

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

(continued)

1. Eligible actively at work employees are defined as being between the ages of 18-64 and working a minimum of 30 hours a week.

2. Source: America's Health Insurance Plans, "Guide to Long-Term Care Insurance," 2004.

3. Source: Congressional Budget Office, "Financing Long-Term Care for the Elderly," April 2004.



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

- ▶ Get the support you need when you need care
- ▶ Create a plan of care customized to your needs and preferences³
- ▶ Receive discounts at thousands of care providers nationwide⁴
- ▶ Get assistance with selection of providers most appropriate to your needs⁴
- ▶ Receive care in the place of your choice; such as your home, an assisted living facility, adult day care center, nursing home, or Hospice facility
- ▶ Stay at home as long as possible with:
 - homemaker services⁶ (for example: shopping and cooking)
 - home modifications (for example: wheelchair ramps)⁷
 - 24-hour emergency medical response monitoring systems⁷

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

Jeremy Mitchell CFP® • Financial Advisor
VALIC
Cell: 505.263.4180 • Fax: 505.830.4386
6301 Indian School Suite 670
Albuquerque NM 87110

4. This is part of the Voluntary Care Coordination benefit.
5. This is part of the Advantage Provider Program.
6. Homemaker Services are incidental to care received.
Refer to state-specific sample policy for complete details.
7. Included as part of the built-in Stay at Home Benefit.
Long term care insurance is underwritten by
John Hancock Life Insurance Company, Boston, MA. 02117

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

Supplemental Retirement Plans

Your 457 Deferred Compensation Program

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

What is Deferred Compensation?

- Voluntary, IRS-approved retirement savings plan
- Pre-Tax and Tax Deferred – build retirement savings for tomorrow and reduce today’s taxes (income taxes are due in the year in which the money is withdrawn usually during retirement when you are in a lower tax bracket)
- Under Section 457 of the IRC, you may defer each year a maximum of 100% of your “gross compensation” or an annual dollar limit, whichever is less. The dollar limit for 2013 is \$17,500
- Contributions are conveniently made through payroll deductions so your taxes are reduced each pay period
- Plans allow you to increase, decrease, stop and restart contributions as often as you wish, without fees or penalties

Benefits of Deferred Compensation

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

Contact your Plan Representative for more information.

Your Benefits Department offers these Deferred Compensation Providers:

EXPERTISE

Retirement is our specialty.

Do you know ... how much you'll need to retire comfortably? ... how to get there? ... how to manage your assets once you do retire?

SAVING : INVESTING : PLANNING

Retire stronger

Get the
retirement
planning help
you deserve

CLICK
VALIC.com

CALL
1-800-448-2542

VISIT
your local VALIC
financial advisor

Let's talk one-on-one about planning your retirement.

Jeremy Mitchell CFP®

505.263.4180

jeremy.mitchell@valic.com

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SEC-registered investment advisor.**

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VALIC Financial Advisors, Inc. and VALIC Retirement Services Company.

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VALIC

Your Benefits Department offers these Deferred Compensation Providers continued:



Representative: **Geoffrey Hathhorn**
Telephone: (505) 842-8610
Toll Free: (800) 669-7314
Email: ghathhorn@icmarc.org

Representative: **Dennis Dexel**
Telephone: (505) 899-5011
Email: ddexel@icmarc.org



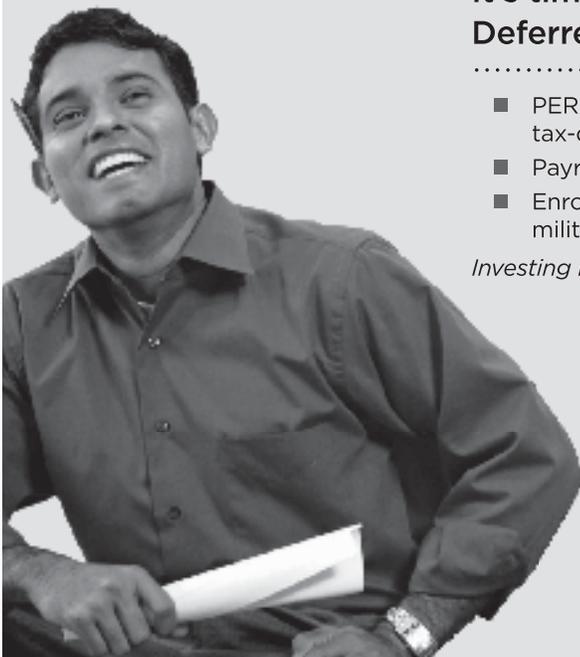
Is your pension plan going to help provide what you need for a financially secure retirement?

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

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

Investing involves market risk, including possible loss of principal.

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



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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 Employee-benefits@cabq.gov
Public Employees Retirement Association (PERA) Albuquerque Office – 2500 Louisiana Blvd NE, Suite 420 www.pera.state.nm.us	(505) 883-4503 phone (505) 883-4573 Santa Fe (800)342-3422 toll free
New Mexico Retiree Health Care Authority Albuquerque Office – 4308 Carlisle Blvd, NE, Suite 104 www.nmrhca.state.nm.us	(505) 222-6400 phone (800) 233-2576 toll free (505) 884-8611 fax

Benefit Vendors

Product	Company Name	Group Number	Contact Information
Medical	Presbyterian Health Care	1365-H001	505-923-5678 800-356-2219 www.phs.org
Dental	Delta Dental	2517-0001	505-855-7111 877-395-9420 www.deltadentalnm.com
Vision	VSP	30039275	800-877-7195 www.vsp.com
Life (Term) City paid Life (Term) Employee Paid	The Hartford	402612	800-523-2233 Customer Service 888-563-1124 Claims www.thehartfordatwork.com
Short Term Disability	The Hartford	402612	800-523-2233 Customer Service 866-945-7801 Claims www.thehartfordatwork.com
Long Term Disability	The Hartford	402612	800-523-2233 Customer Service 800-289-9140 Claims www.thehartfordatwork.com
Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit)	Basic Western USA		800-444-1922 ext. 229 - FSA ext. 243 – Parking/Transit www.basiconline.com
Auto & Home	Travelers		888-695-4640 www.travelers.com/cabq
Legal	ARAG		800-247-4184 http://ARAGLegalCenter.com
Long Term Care	John Hancock		Jeremy Mitchell, CFP 505-263-4180 Jeremy.Mitchell@valic.com
Deferred Compensation IRC 457	ICMA-RC	300476	800-669-7400 Customer Service 505-842-8610 Geoffrey Hathhorn 505-899-5011 Dennis Dixel www.icmarc.org

Contacts and Resources

Product	Company Name	Group Number	Contact Information
Deferred Compensation IRC 457	Nationwide	007844	505-362-8814 Clayton Puckett 866-827-6639 ext. 44418 Voice Mail www.newmexico457dc.com
Deferred Compensation IRC 457	VALIC		505-263-4180 Jeremy Mitchell 505-250-6825 Corey Finch www.valic.com



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Notes

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