



Employer Sponsored
Group
Benefits

Contract Year
July 1, 2024
through
June 30, 2025



ONE
ALBUQUE
RQUE human resources

City of Albuquerque





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

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



Rules and Regulations – Guidelines for Enrollment

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

Who is Eligible:

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

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

Benefit Options:

Options vary by participating entity but may include:

- | | |
|---|-------------------------------------|
| Medical Insurance | Auto & Home Insurance |
| Dental Insurance | Legal Insurance |
| Vision Insurance | Short Term Disability Insurance |
| Term Life Insurance | Long Term Disability Insurance |
| Short Term Loan Program | Accident/Critical Illness Insurance |
| Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit) | |

Coverage Options

Employee Only
Single Parent

Employee Plus Spouse or Domestic Partner
Family

Changing Benefit Elections and Qualifying Life Events:

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

Once you have made an election during your initial enrollment period of 31 days from your hire date then you are locked into that decision until the next open enrollment.

Exceptions to this are qualifying life events.

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

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

***Additional Information on Domestic Partnership**

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

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

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

- Joint lease/mortgage
- Jointly owned/insured motor vehicle
- Jointly owned tangible major asset
- Jointly owned bank/credit account
- Domestic partner named as primary beneficiary in the employee's will
- Domestic partner named as beneficiary of the employee's life insurance or pension retirement benefits
- Domestic partner assigned as power of attorney or legal designee by the employee
- Both names on a utility bill
- Both names on an investment account

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

Adding a Domestic Partner can be done through Employee Self Service (ESS). The Affidavit of Domestic Partnership can be found on the City's website at cabq.gov/benefits.

Change in Domestic Partnership

Employees are required to notify the City of Albuquerque Human Resources Department in writing within **thirty-one (31) days** of any change in their domestic partnership status (for example, if they no longer share the same principal residence) or if they wish to terminate domestic partner benefits.

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

Delayed Enrollment: Missing the initial enrollment period, 31-day qualifying event period, or the annual open enrollment period, may result in **delayed enrollment**, a delay in notification of loss of coverage and **paying for coverage no longer provided (such as for an ex-spouse.)**

Alternatively, delayed entry may result in double deductions for premiums due for backdated coverage. The effective date will depend on the event.

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

Effective Date of Coverage, Changes and/or Terminations:

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

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

An ex-spouse or domestic partner is **not eligible** to continue participation in the insurance program, except through COBRA (see the next page). Therefore, when the divorce decree is uploaded into PeopleSoft and the Divorce Life Event is entered, the end of coverage will be back dated to the day following the court stamped date on the decree.

- **Reinstatement** – An employee who is terminated from the City and subsequently reinstated is eligible to re-enroll in benefits through ESS by selecting the Life Event “I or my dependent lost or gained coverage.” The required document is the letter of reinstatement. The effective date of coverage will be the first day of the pay period following the reinstatement.
- **Open Enrollment** – This is a three-week (or longer) period established annually (usually in May/June) that allows all benefits eligible employees to make changes to their benefit elections without having experienced a qualifying life status change. Annual premium changes also occur at this time and will automatically be updated on the 1st paycheck containing July 1st, without you having to make a new election.

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

- **Termination of Coverage** – Insurance ends at the end of the pay period in which the event occurs. Exceptions to this are:
 - Retirees' coverage stops at the end of the month prior to the PERA retirement date
 - Dependents reaching the age limit lose coverage at the end of the month after their 26th birthday
 - Ex-spouses lose coverage the day after the court endorsement on the divorce decree.

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

Double Coverage:

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

Insurance Premium and Benefit Plan Participation Payments:

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

Leave Without Pay/FMLA/Military Leave:

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

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

COBRA

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

City of Albuquerque

Biweekly Insurance Rates FY2025

July 1, 2024 - June 30, 2025

Medical Insurance	Employee pays 20% City pays 80%		
Blue Cross Blue Shield/UnitedHealthcare			
	Employee*	City	Total
Single	57.99	231.97	289.96
Couple	117.99	471.98	589.97
S/Parent	93.16	372.62	465.78
Family	170.29	681.17	851.46

Dental Insurance	Employee pays 20% City pays 80%		
Blue Cross Blue Shield Dental			
	Employee*	City	Total
Single	2.89	11.56	14.45
Couple	5.84	23.38	29.22
S/Parent	6.42	25.68	32.10
Family	8.69	34.76	43.45

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

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

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

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

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

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

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

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

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

Flexible Spending Account	
P&A (medical, dependent care, parking or transit fee)	
\$2.65	City Paid Monthly Flex and Debit Card

* Biweekly = monthly times 12 divided by 26



City of Albuquerque

2024-2025 Resource Guide

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

Welcome from Janice Torrez, President of Blue Cross and Blue Shield of New Mexico

Dear City of Albuquerque Employees,

Blue Cross and Blue Shield of New Mexico is proud and honored to now be offered as a choice for your health insurance needs. We are the largest health insurance carrier in the state and have served New Mexico for 84 years. We are proud of our commitment to our members, employer groups, providers and communities.

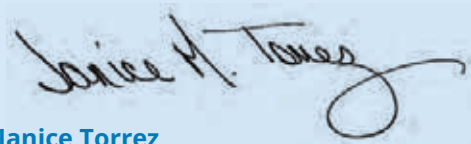
We understand our members' needs and are uniquely positioned to bring exceptional value to City of Albuquerque employees and your family members.

We offer comprehensive medical and dental coverage that includes innovative health care solutions and access to a large provider network including new providers that City of Albuquerque employees have not had access to before. Additionally, City of Albuquerque employees will get a dedicated 24/7 Concierge Customer Service line when enrolled with Blue Cross and Blue Shield of New Mexico.

The enclosed resource guide will provide more details on the comprehensive benefits package that is available to you and your family as a City of Albuquerque employee.

I want to thank you for considering Blue Cross and Blue Shield of New Mexico for your health and dental needs and we look forward to serving you and your family.

Wishing you and your family continued health and wellness.



Janice Torrez

President, Blue Cross and Blue Shield of New Mexico

Welcome

This guide will help you:

- Understand how the EPO and PPO plans work
- Get the most from your wellness programs at Blue Cross and Blue Shield of New Mexico
- Navigate the online tools at bcbsnm.com
- Find a health care provider in BCBSNM's EPO or PPO Network

Glossary of Health Plan Terms

Understanding health insurance isn't always easy. Here are some common terms that are helpful to understand.

Claim form: A form you may have to fill out and submit to your health insurance carrier for payment of benefits under that health care plan for non-contracted providers.

Coinsurance: A percentage of a covered charge that you are required to pay toward a service covered by your plan.

Deductible: A fixed amount of the eligible expenses you are required to pay before payment by your health plan begins.

EPO: Exclusive Provider Organization provides in-network ONLY coverage with Nationwide coverage.

Network: The group of doctors, hospitals, and other medical care professionals that a health care plan has contracted with to deliver medical services to its members.

Non-preferred (Out-of-Network) providers: A non-preferred provider does not have a preferred or PPO contract with Blue Cross and Blue Shield of New Mexico. For most benefits, after you've met the non-preferred provider deductible, you will pay a percentage of covered charges for services you receive from non-preferred providers.

Out-of-pocket limit: The maximum amount you have to pay for most or all expenses covered under your health care plan during a defined benefit period.

PPO: A participating Provider organization that allows you to choose where you go for care without needing to rely on referrals. This plan provides In-Network and Out of Network coverage Nationwide.

Provider Finder®: Provider Finder from Blue Cross and Blue Shield of New Mexico is an innovation for helping members select providers with meaningful quality ratings.





Blue Cross and Blue Shield of New Mexico

Choose BlueSM. Nationwide Network. More Hospitals.
Dedicated Concierge Customer Service available 24/7.



Value Added Services:

- Fitness Program
- Blue365[®]
- Well onTarget[®]
- Learn to Live
- Hinge Health



Network:

- Lovelace Hospitals and Medical Groups
- University of New Mexico Hospital and UNM Medical Groups
- Optum
- EPO - Nationwide in-network Only coverage
- PPO - Nationwide in-network and out of network coverage
- PRESNow Urgent Care and Emergency Care Facilities
- Presbyterian:
 - Members who reside outside Bernalillo, Sandoval, Torrence and Valencia counties are able to access care at an in-network level.
- BlueCare Dental PPOSM – Nationwide in-network and out-of-network



**YOU DON'T
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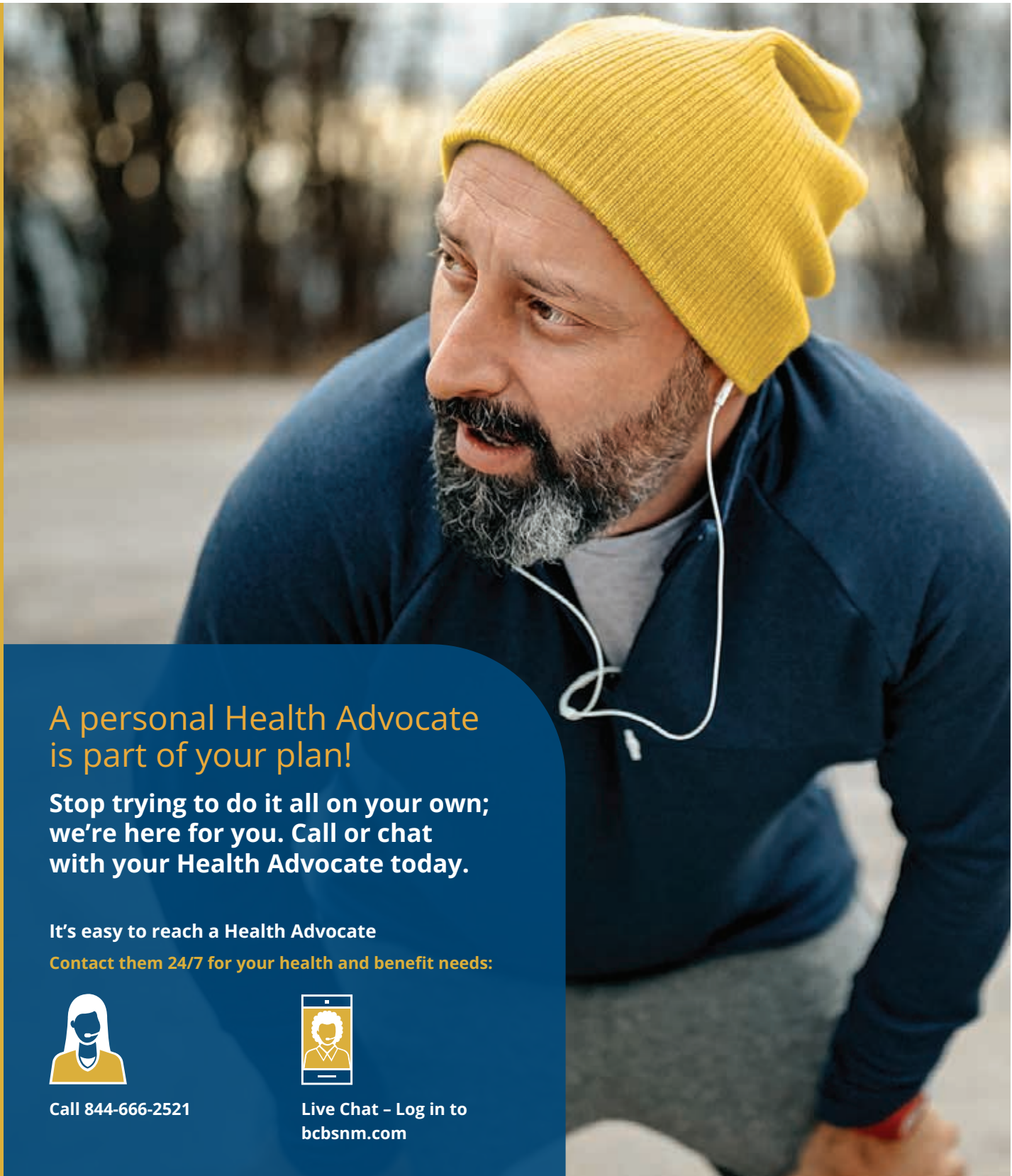
Our
focus is
YOU.

You already have one for your health care needs.

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

Health Advocates can help you and your covered family members:

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



A personal Health Advocate is part of your plan!

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

It's easy to reach a Health Advocate

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



Call 844-666-2521



Live Chat - Log in to bcbsnm.com

Call 911 for medical emergencies. Health Advocates do not give medical advice or take the place of a doctor's care. Talk to your doctor or health care professional about any health questions or concerns. Blue Cross and Blue Shield of New Mexico makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

Blue Access for MembersSM

Blue Access for Members, our member portal, offers you information on your health and medical and dental plans in one convenient location. To register for BAMSM, go to bcbsnm.com and select Register Now in the BAM log-in box. With your ID card handy, follow the on-screen registration instructions. Create a user name and password for instant and secure access to your personal information.

After logging in, from your personal home page you can:

- Check your claims, including payment status and amounts, and sort/print claim information
- Confirm who is covered under your plan
- Download and print various forms
- Locate a doctor or hospital in your plans' network using Provider Finder
- Request a new or replacement ID card and print a temporary card
- Email Customer Service



Provider Finder

How to locate in-network providers

Insight for important health care decisions

Provider Finder from Blue Cross and Blue Shield of New Mexico is an innovation for helping members select providers with meaningful quality ratings.

Use Provider Finder either online or from a mobile device to:

- Find an in-network primary care physician, specialist or hospital.
- Find an in-network dental provider
- Filter search results by doctor, specialty, ZIP code, language and gender—even get directions from Google Maps™.
- Locate Blue Distinction® Centers for Specialty Care is an option for treatment.
- View patient feedback or add a provider review.
- Check the quality, certifications and recognitions for doctors.

Text** [BCBSNMAPP to 33633](tel:33633) to get the app.

It's easy and immediate—and available at bcbsnm.com, or a mobile phone web browser—for members and non-members.



The BCBSNM App

Stay connected with BCBSNM and access important health benefit information wherever you are.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

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

Blue365

A Discount Program for You



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

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

Below are some of the ongoing deals offered through Blue365.

EyeMed® | Davis Vision®

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

TruHearing® | Beltone™ | Start Hearing

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

Dental SolutionsSM

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

Jenny Craig® | Sun Basket | Nutrisystem®

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

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





Fitbit®

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

Reebok | SKECHERS®

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

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

Livekick

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

eMindful

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

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



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

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

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

Welcome to UnitedHealthcare!



I am thrilled to welcome you to your upcoming benefits enrollment period. We are honored to have been chosen as your trusted partner in managing your health insurance needs and we are delighted to embark on this health journey with you, ensuring your well-being every step of the way. Just like any journey, your path to good health may have its challenges and unexpected detours, but our compassionate health care advocates are here to support you through it all. Whether it's routine checkups, preventive care or unexpected medical emergencies, our plans are tailored to keep you covered throughout the different stages of your life.

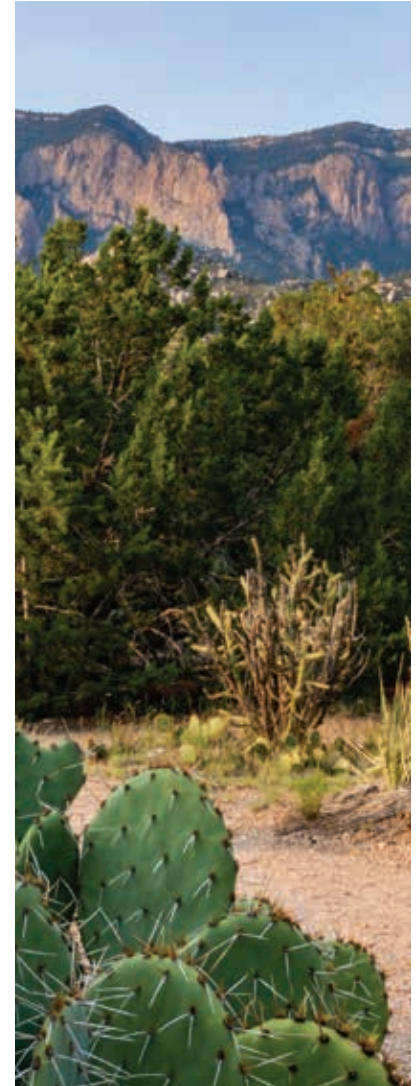
In 2024, we are proud to partner with the City of Albuquerque to offer you 2 coverage options – the EPO and PPO health plans. Both plans are carefully designed to cater to your individual needs, providing you with the peace of mind you deserve with personalized support and benefits.

In the pages that follow, you will find detailed information about the health plans available to you along with resources to help you make informed decisions about your coverage options. We understand that choosing the right benefits can be complex, so our team is here to support you every step of the way.

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

Heather Kane

Heather Kane
Health Plan CEO



Why Choose UnitedHealthcare?



You'll have access to a large national network.

You and your family have a quality network with a commitment to personalized care including access to Presbyterian Healthcare Services, University of New Mexico Health System, and access to the nation's leading Centers of Excellence, including Mayo Clinic.



You have a dedicated Customer Advocate team just for City of Albuquerque employees.

We know managing your health plan benefits and your health isn't always easy. That's why we have a team of people dedicated to helping you. From understanding your claims to estimating costs ahead of time, we're here to help.



You can access innovative tools and programs, at no additional cost.

From helping manage a chronic condition and saving money with fitness programs, to the freedom to see a doctor from your home computer, you can take advantage of these programs as part of your benefits.

With UnitedHealthcare, you can expect quality health plans and services, plus innovative tools — all delivered by a team of local experts.





A few steps to see along the way



Network coverage with nationwide UnitedHealth Premium® program providers



Network coverage in New Mexico includes Optum®, Presbyterian, University of New Mexico and more



Emotional support with a variety of behavioral health tools



Support for families of children with special needs



Dedicated Customer Advocate team to answer health and benefit questions



Innovative technology with **myuhc.com**® and the UnitedHealthcare® app



Personalized condition support for over 100 chronic conditions and catastrophic health events



Access the nation's leading health care facilities through our Centers of Excellence network

Find your perfect fit

Visit your pre-member website at whyuhc.com/cabq, where you can learn about the UnitedHealthcare benefits and services offered starting July 1, 2024, from the comfort of your own home or on the go. Using your computer or mobile device, you can learn about your health plan options, search for network providers, and learn about the physical and mental health programs available with both plans.

Benefits wherever you wander

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



Access to our nationwide network of nearly **1.8 million** physicians and health care professionals and over **7,100** hospitals, including Mayo Clinics*



A local New Mexico network that includes over **8,800** health care providers and **30+ hospitals***



Access to visits with specialists without needing a referral



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



Access to Centers of Excellence for help in managing complex medical conditions, including cancer, transplants, congenital heart, and others



Tools to find and price care through **myuhc.com** and the **UnitedHealthcare app**

General tips for using your health plan and important health care terms.

General tips

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



Learn more

Scan the code or go to whyuhc.com/cabq

Important health care terms

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

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

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

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

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

*As of November, 2023.

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

Have questions? Call **1-844-865-3663** or visit whyuhc.com/cabq


3

Discover your options

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

EPO Plan	PPO Plan
<ul style="list-style-type: none"> • Preventive care is covered 100% when you see a network doctor • You have network coverage with our nationwide network • You will only have coverage in our network except in emergency situations. If you choose to see a doctor outside of our network, you will likely have to pay for services out of pocket. 	<ul style="list-style-type: none"> • Preventive care is covered 100% when you see a network doctor • You have network coverage with our nationwide network • You have out-of-network coverage, but those providers will likely charge you more and you will be responsible for making sure your claim is filed <p>Visit whyuhc.com/cabq to learn more.</p>

Discover support, every step of the way

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



A side-by-side comparison of plans

	EPO Plan	PPO Plan	
	Network	Network	Out of network
Plan year deductible	July 1 - June 30	July 1 - June 30	
Individual	\$175	\$175	\$500
Family	\$350	\$350	\$1,000
Out-of-pocket maximum			
Individual	\$6,350	\$6,350	\$12,700
Family	\$12,700	\$12,700	\$25,400
Preventive care services including preventive office visits, lab, radiology and other tests	No charge	No charge	40%*
Primary care office visit PCP: General practice, family practice, OB/GYN, internal medicine and pediatrician	\$35 copay per visit, deductible does not apply	\$40 copay per visit, deductible does not apply	40%*
Specialist office visit	\$50 copay per visit, deductible does not apply	\$55 copay per visit, deductible does not apply	40%*
Behavioral health visit	No charge	No charge	40%*
Maternity services Includes initial office visit, prenatal and postnatal care	\$35 copay for the first office visit; \$500 copay* for inpatient hospital	\$40 copay for the first office visit; \$500 copay* for inpatient hospital	40%*
Outpatient speech, physical, and occupational therapy Up to 24 visits per year combined	\$35 copay per visit, deductible does not apply	\$40 copay per visit, deductible does not apply	40%*
Chiropractic and acupuncture Limited to 20 visits per year	\$50 copay per visit, deductible does not apply	\$55 copay per visit, deductible does not apply	40%*
Urgent care	\$50 copay per visit*	\$50 copay per visit*	\$50 copay per visit*
Emergency room (ER copay waived if admitted)	\$200 copay per visit*	\$200 copay per visit*	\$200 copay per visit*
Emergency medical transport	\$50 ground/\$100 air*	\$50 ground/\$100 air*	\$50 ground/\$100 air*
Inpatient hospital/Skilled nursing	\$500 copay*	\$500 copay*	40%*
Outpatient surgery	\$500 copay*	\$500 copay*	40%*
Imaging	\$75 CT scan copay/\$125 MRI/PET scan copay*	\$75 CT scan copay/\$125 MRI/PET scan copay*	40%*
Lab, X-Ray, diagnostic - outpatient lab testing/ x-ray and other diagnostic	No charge	No charge	40%*
Durable medical equipment	50%*	50%*	50%*
Home healthcare	No charge	No charge	40%*

*After the Annual Medical Deductible has been met.

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

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

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



Choosing a network doctor

From PCPs to specialists, UnitedHealthcare makes it simple to find a network provider who is the right fit for you. Start your search at [whyuhc.com/cabq](https://www.whyuhc.com/cabq) > Search for a Provider.

More to explore

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



Get to know the UnitedHealth Premium program

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

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



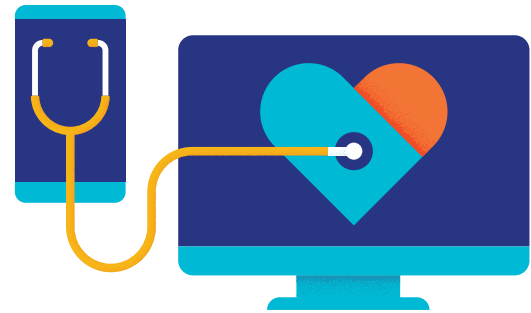
The UnitedHealth Premium® designation program is a resource for informational purposes only. Designations are displayed in UnitedHealthcare online physician directories at [myuhc.com](https://www.myuhc.com). You should always visit [myuhc.com](https://www.myuhc.com) for the most current information.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




Have questions? Call 1-844-865-3663 or visit [whyuhc.com/cabq](https://www.whyuhc.com/cabq)

6

All your health plan information in 1 place

Once enrolled with UnitedHealthcare, visit myuhc.com. There you'll have fewer questions and more confidence about your benefits, claims and health information. It's personalized for you and simple to use.



 <p>Choose where to go for services</p>	 <p>Manage your claims</p>	 <p>Learn about your wellness benefits</p>
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- Search for a provider, clinic, hospital or lab based on location, specialty, quality, cost, services and more
- View patient ratings
- Estimate treatment costs
- Review your choices and choose where to go for service

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

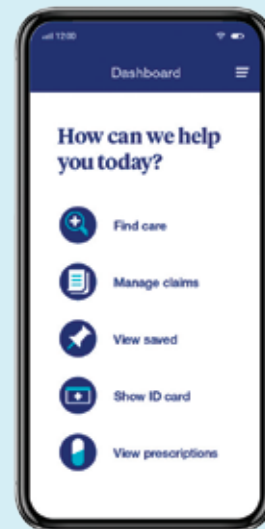
- Get tips on living healthier and using health plan benefits to your advantage
- Get reminders when it's time for checkups or treatments
- Get suggestions on when to get immunizations, well visits, routine tests or lab work
- Chat with a nurse

Access your plan from anywhere

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

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

*Data rates may apply.



Have questions? Call **1-844-865-3663** or visit whyuhc.com/cabq

One Pass Select™

Rediscover your passion for health



With One Pass Select, we're on a mission to make fitness engaging for everyone. One Pass Select can help you reach your fitness goals, while finding new passions along the way. Find a routine that's right for you whether you work out at home or at the gym. Choose a membership tier that fits your lifestyle and provides everything you need for whole body health in one easy, affordable plan. You and your eligible family members (18+) can get started with One Pass Select on July 1, 2024.

Find your fit with One Pass Select



At the gym

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



At home

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



In the kitchen

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

\$0/Mo

Classic

11,000+ gym locations

\$64/Mo

Standard

12,000+ gym and premium locations

\$99/Mo

Premium

14,000+ gym and premium locations

\$144/Mo

Elite

16,000+ gym and premium locations



Learn more about One Pass Select* at OnePassSelect.com.

Enroll in One Pass Select starting on July 1, 2024.



*Eligible One Pass Select members will not be able to enroll in One Pass Select until July 1, 2024.

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

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



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

This service should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this service is for informational purposes only. The nurses cannot diagnose problems or recommend specific treatment and are not a substitute for your doctor's care. Please discuss with your doctor how the information provided may be right for you. Your health information is kept confidential in accordance



Skip the pharmacy. We deliver to you.

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

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

Submit your order one of three ways:



Online at
optumrx.com



Via the Optum Rx
app



Call the phone
number on your
member ID card

Will my current prescriptions transfer?

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



Learn more at optumrx.com/getstarted.

Optum Home Delivery is a service of OptumRx.

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**ONE
ALBUQUE
RQUE**



Get smart about prescriptions

Our online tools make it easy



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



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



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



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

Getting Started

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



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

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

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Know your costs



Check out these drug tiers

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

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

Here are your benefits at a glance:

	30-day supply	90-day supply
Tier 1: Lower-cost generics and some brand name	\$10	\$20
Tier 2: Mid-range-cost preferred brand name	\$30	\$75
Tier 3: Higher-cost brand name and some generics	\$50	\$150

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



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

City of Albuquerque

Effective: 7/1/2024

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

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

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

<i>Benefit Limitations & Frequencies:</i>	
Oral Evaluations	2 per year
Comprehensive Evaluations	2 per 12 months
X-rays: Bitewings	2 per year
X-rays Full mouth panoramic	1 per 60 months
Prophy/Cleanings	2 per year
Fluoride Application	2 per year for children up to age 19
Sealants (per tooth)	1 per 24 months up to age 16
Space Maintainers	1 per lifetime up to age 14
Amalgam & Composite Fillings	1 per tooth per 24 months
Crowns/Dentures/Bridges/Implants	Replacement every 5 years
Denture Reline/Rebase	1 per 36 months
Periodontal Maintenance	2 per year

<i>Additional Features:</i>		
Class 1 Preventive Services	<input checked="" type="checkbox"/> Will Not apply to your Annual Maximum Benefit	<input type="checkbox"/> Will apply to your Annual Maximum Benefit
Missing Tooth Exclusion	<input checked="" type="checkbox"/> No Exclusion	<input type="checkbox"/> Yes Applies
Benefit Waiting Period	<input checked="" type="checkbox"/> No Waiting Period	<input type="checkbox"/> Yes Applies
Enhanced Dental Benefit	<input type="checkbox"/> Not Included	<input checked="" type="checkbox"/> Yes, included
Graduated Annual Maximum	<input checked="" type="checkbox"/> Not Included	<input type="checkbox"/> Yes, included
Predetermination of benefits is recommended, but not required, for services in excess of \$300.		
<i>This summary is intended to highlight the most common services and frequencies under the dental plan. For complete and detailed descriptions of services, limitations, and exclusions, please refer to the certificate of coverage.</i>		

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



Smile! You Have BlueCare Dental PPO

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

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

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

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

Finding an In-Network Dentist is Easy

For a list of in-network general and specialty dentists, go to bcbsnm.com and use the Provider Finder tool by clicking on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

Dedicated Customer Service

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



BlueCare Dental Connection

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

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

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

To access the Dental Wellness Center, log in to Blue Access for Members at bcbsnm.com and select the **Wellness** tab on the dashboard. Scroll down to the **Dental Wellness Center** section, and click the button.

The Dental Wellness Center allows you to:

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

1. Network360® Analytics Suite (as of 05/2022).

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



VIRTUAL DENTAL VISITS 24/7

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

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

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

What can a virtual dentist do for you?

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

How does it work?

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

Is it covered?

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

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

* No opioids or narcotics

** Average times from Teledentistry.com

Virtual visits may not be available on all plans.

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



BlueCare Dental Enhanced BenefitSM

Enhanced Dental Benefits for Special Health Conditions

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

BlueCare DentalSM offers additional dental benefits that can keep you healthier and reduce your overall health care costs by lowering the chance of more serious complications.

What Does the Enhanced Benefit Program Provide?

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

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

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

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

BlueCare Dental Connection

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

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

To access the Dental Wellness Center, log in to Blue Access for Members at bcbsnm.com and select the **Wellness** tab on the dashboard. Scroll to the **Dental Wellness Center** and click the button.

The Dental Wellness Center allows you to:

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

Healthy Mouth. Healthy Body.

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

City of Albuquerque your vision plan

Client code: 8985



Frequency

- Exam: Every 12 months
- Lenses & lens upgrades: Every 12 months
- Frame: Every 24 months
- Contacts, evaluation & fitting: Every 12 months

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



Exams & Services

Eye Exam copay:
\$10

Contacts evaluation, fitting & follow-up:

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

Allowance:

\$160

+Additional 20% off any overage.¹

or

The Exclusive Collection copay:

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

Lens copay:
\$15



Contacts² in lieu of glasses

Allowance:

\$130

+Additional 15% off any overage.¹

or

The Exclusive Collection
of Contact Lenses:³

Covered in full

Using your client code

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

The Exclusive Collection

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

Free breakage warranty

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

Find a network provider...

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

Options & upgrades

Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX).....\$0

Polycarbonate Lenses (Children / Adults).....\$0 or \$30

High-Index Lenses 1.67.....\$55

High-Index Lenses 1.74.....\$120

Polarized Lenses.....\$75

Progressive Lenses (Standard / Premium / Ultra / Ultimate).....\$0 / \$90 / \$140 / \$175

Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate).....\$35 / \$48 / \$60 / \$85

Ultraviolet Coating.....\$12

Tinting of Plastic Lenses (Solid / Gradient).....\$0

Plastic Photochromic Lenses (Transitions® Signature™).....\$65

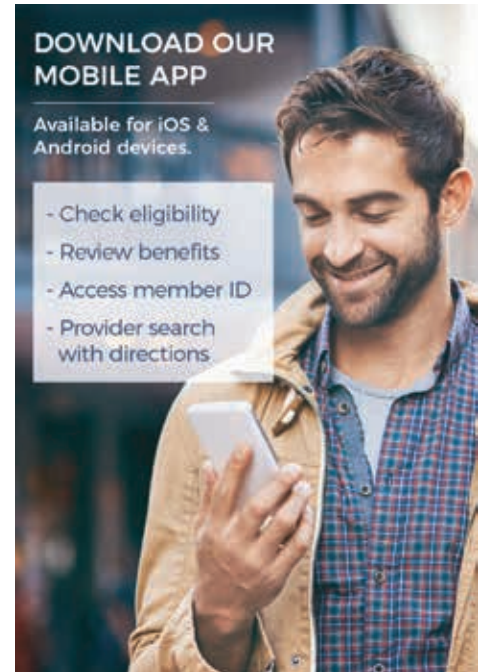
Scratch-Resistant Coating.....\$0

Premium Scratch-Resistant Coating.....\$30

Scratch-Protection Plan (Single-Vision | Multifocal).....\$20 | \$40

Trivex Lenses.....\$50

Blue Light Filtering.....\$15



Additional savings

Retinal imaging (Member charge).....\$39

Additional pairs of eyeglasses.....30% discount¹

Laser Vision Correction One-Time/Lifetime Allowance.....\$200*



*Providers participating within the QualSight/Davis Vision Lasik network have agreed to accept assigned benefits starting as low as \$945.00 per eye for traditional Lasik surgery which reflects a 40-50% savings off of the national average. This is a significant discount in addition to the one time life allowance of \$200.00.

Out-of-network benefits

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

Out-of-network reimbursement schedule (up to)

Eye Examination: \$47.25	Trifocal Lenses: \$80
Frame: \$70	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal: \$60	Visually Required Contacts: \$225
Progressive Lenses: \$97.50	



CITY OF ALBUQUERQUE EMPLOYEE ASSISTANCE PROGRAM

CABQ EMPLOYEE ASSISTANCE PROGRAM (EAP)

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

CABQ Employee Assistance Program telephone:

(505) 768-4613

CABQ Employee Assistance Program Email:

eap@cabq.gov

Emergency On-Call Counselors (After-Hours and on Weekends):

Call the main number at **(505)768-4613** and your call will be forwarded to our dedicated crisis line

Who is Eligible?

Employee counseling, crisis intervention, and referral services are offered 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.

Other Services Offered

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.

Important: Confidentiality

Your privacy is protected by strict confidentiality laws and regulations.

The details of your discussions with our staff may not be released to anyone without your prior consent. Participation with employee health services and the EAP will not jeopardize your job or career.



Subscribe to our Newsletter by
emailing BetterHealth@cabq.gov

Creating a Culture of Wellness

Helping our team to strive towards healthy living

Better Health Clinic, located in City Hall, is offering services from preventive wellness exams to urgent care, with no co-pay! Available services, include:



- Urgent Care
- Preventive Care
- Chronic Condition Management

Appointments can be scheduled by calling our offices at 505-510-5999. Appointments are available between 8:30 a.m. and 4:00 p.m.



Clinic Hours

Monday - Friday
8:30 a.m. to 4:00 p.m.

Telehealth Clinic Hours

Monday - Friday
8:30 a.m. and 4:00 p.m.

Other Services

Blood Pressure Stations

Over 100 self-monitoring stations citywide

Find locations at cabq.gov/bh.

Flu Shots

Available at various work locations in the fall

Health Academy

Learn strategies for nutrition, movement, and mental wellness

Look for Registration opening in May

Health Screenings

Screenings at the Annual Health Fair at the Convention Center in the Fall

Mobile Mammography Van

Available at various work locations in October

Wellness at Work Online

Engaging and personalized, challenges, journeys, and daily well-being encouragement

For more information, email the City of Albuquerque Health and Wellness Coordinator at BetterHealth@cabq.gov or call 505-510-5999



The BetterHealth Clinic



PROMOTING A HEALTHY WORKFORCE

City of Albuquerque cares about your health and wellbeing, and we are proud to bring healthcare to your workplace. Employees can receive care quickly and conveniently during the work day.

Available to City of Albuquerque employees, spouses and children covered under the Presbyterian Health Plan.



AVAILABLE SERVICES WITH \$0 COPAY!

- Urgent Care
- Preventive Care - Stay healthy with periodic screenings and care designed to help you live a longer and healthier life.
- In collaboration with your PCP and the BetterHealth Program, the clinic can assist you in managing your chronic conditions

We're by your side for your healthcare journey. If we can't treat you on site, we'll help refer you to someone who can, and we'll make sure we stay in-the-know about your progress.



CALL TO MAKE YOUR APPOINTMENT TODAY!

CLINIC PHONE NUMBER (505) 510-5999

Clinic Hours:

Monday - Friday / 8:30 am to 4:30 pm

Presbyterian Mobile Health Center will continue to be scheduled at various City of Albuquerque locations and participating entities Monday - Friday. Please check the schedule and hours at: cabq.gov/BetterHealth. For Mobile Health Center Appointments, please call (505) 220-6562.

Sponsored by  **PRESBYTERIAN**
Health Plan, Inc.

Clinical services provided by 



BetterHealth
Better you.

Jenna Zietzke
Insurance and Benefits Division
(505) 768-2921 TTY 711

BetterHealth Clinic
400 Marquette Ave. NW, Suite SB606
Albuquerque, NM 87102

CITY OF ALBUQUERQUE

FSA Rules to Remember

PLAN YEAR

July 1, 2024 - June 30, 2025

HEALTH FSA CARRY FORWARD

An employer- chosen provision allowing up to a maximum of \$640 of unused Health FSA funds to roll over into the next plan year.

RUN-OUT PERIOD

You have until September 30, 2025 to submit for expenses incurred during the plan year.

USE OR LOSE RULE

Unused Dependent Care Account balances or any amount over \$640 in the Health FSA will not rollover. Remember, only contribute money you are confident you will use to pay for qualified expenses during the plan year.

Reminder

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

FSA CALCULATOR

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



Your Guide to Pre-Tax Savings

WHAT IS A FLEXIBLE SPENDING ACCOUNT?

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

Health Flexible Spending Account

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

Minimum annual election amount: \$260 | Maximum annual election amount: \$3,200

Dependent Care Assistance Account

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

Maximum annual election amount: \$5,000

WHAT IS A PARKING & TRANSIT PLAN?

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

Parking Account

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

Maximum monthly election amount: \$315

Transit Account

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

Maximum monthly election amount: \$315

FLEXIBLE SPENDING ACCOUNT



P&A BENEFITS CARD

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



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

4 WAYS TO SUBMIT YOUR CLAIMS

P&A Group Mobile App

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

QuikClaim from Your Smartphone

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

Electronic Claim Upload from Your Computer

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

Fax or Mail a Paper Claim

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

FAX: (877) 855-7105

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

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

www.padmin.com

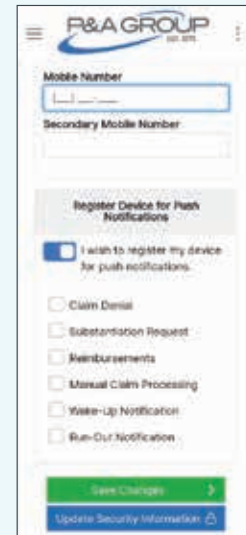
MOBILE APP

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



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

Opt-in to get account alerts



QUESTIONS?

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

PH: (716) 852-2611

WEB: www.padmin.com

MAIL: 6400 Main Street
Suite 210
Williamsville, NY 14221



> Basic Life Insurance

ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE	
Eligibility Requirement	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the City of Albuquerque. There is no cost to you for this insurance.
BENEFITS	
Life Insurance Benefit Amount	For You: An amount equal to 1.4 times your annual salary, with a minimum of \$25,000 and a maximum of \$50,000 In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.
Accidental Death & Dismemberment (AD&D) Benefit Amount	For You: The Principal Sum amount is equal to the amount of your life insurance benefit.
FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$40,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Portability	Allows you to continue this insurance program should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
SERVICES	
Travel Assistance	The Travel Assistance program is an added benefit that provides assistance for your travels over 100 miles away from home or outside the country.
Employee Assistance Program (EAP)	The EAP program provides you and your loved ones access to trained professionals and resources for assistance with personal and workplace issues.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep	We work with Willing® to offer employees discounted online will preparation tools. In just a few clicks you can complete a customized plan to protect your family and property (valid in all 50 states). To get started visit www.willing.com/mutualofomaha
EXCLUSIONS	
Insurance benefits and guarantee issue amounts are not subject to age reductions.	
Information about the AD&D exclusions for this plan will be included in the summary of coverage, which will be made available after enrolling.	
Please contact your employer if you have questions prior to enrolling.	

> Voluntary Term Life Insurance

ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE			
Eligibility Requirement	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.		
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or children to be eligible for coverage, you must elect coverage for yourself.		
Premium Payment	The premiums for this insurance are paid in full by you.		
COVERAGE GUIDELINES			
	Minimum	Guarantee Issue	Maximum
For You	\$10,000	7 times annual salary, up to \$350,000	\$500,000, in increments of \$10,000, but no more than 7 times annual salary
Spouse	\$10,000	100% of employee's benefit, up to \$50,000	100% of employee's benefit, up to \$500,000
Children	\$2,500	100% of employee's benefit	100% of employee's benefit, up to \$10,000

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

BENEFITS	
Life Insurance Benefit Amount	<p>Within the coverage guidelines defined above, you select the amount of life insurance coverage you want.</p> <p>This plan includes the option to select coverage for your spouse and dependent children. Children include those, up to age 26.</p> <p>In the event of death, the benefit paid will be equal to the benefit amount after any age reductions less any living care/accelerated death benefits previously paid under this plan.</p>
Accidental Death & Dismemberment (AD&D) Benefit Amount	<p>The amount of AD&D coverage for yourself and your spouse is \$20,000.</p> <p>AD&D coverage is available if you or your spouse are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</p>

FEATURES	
Living Care/ Accelerated Death Benefit	80% of the amount of the life insurance benefit is available to you if terminally ill, not to exceed \$400,000.
Waiver of Premium	If it is determined that you are totally disabled, your life insurance benefit will continue without payment of premium, subject to certain conditions.
Annual Benefit Amount Increase	If you enroll for even the minimum amount of coverage during your initial enrollment, you have the ability to enroll for additional coverage at your next open enrollment by up to \$50,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).

Portability and Conversion Included

AGE REDUCTIONS AND EXCLUSIONS
<p>Insurance benefits and guarantee issue amounts are subject to age reductions:</p> <ul style="list-style-type: none"> - At employee's age 70, employee and spouse benefit amount reduces to 50%. <p>Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.</p>



› Voluntary Short-Term Disability Insurance

ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE	
Eligibility Requirement	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <ul style="list-style-type: none"> • On the 31st day of your disabling injury. • On the 31st day of your disabling illness.
Weekly Benefit	Your benefit is equivalent to 60% of your base weekly earnings, not to exceed the plan's maximum weekly benefit amount. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 22 weeks
Maximum Weekly Benefit	\$1,155
Minimum Weekly Benefit	\$10
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
DEFINITIONS	
Definition of Disability	Disability and disabled mean that because of an injury or illness, a significant change in your mental or functional abilities has occurred, for which you are prevented from performing at least one of the material duties of your regular job and are unable to generate current earnings which exceed 99% of your weekly earnings from your regular job. You can be totally or partially disabled during the elimination period.
Definition of Weekly Earnings	Weekly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 52. Weekly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per week during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, weekly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Portability	The portability feature allows you to apply for disability insurance through a trust policy should your employment end, without having to provide evidence of insurability. You will be responsible for paying the premium for coverage.

› Voluntary Long-Term Disability Insurance

ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE	
Eligibility Requirement	You must be a Regular Employee actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by you.
BENEFITS	
Elimination Period	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short term disability ends.
Monthly Benefit	Your benefit is equivalent to 60% of your before-tax base monthly earnings, not to exceed the plan's maximum monthly benefit amount. The premium for your long-term disability coverage is waived while you are receiving benefits.
Maximum Monthly Benefit	\$5,000
Minimum Monthly Benefit	\$100/10%
Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.
DEFINITIONS	
Own Occupation	Under Own Occupation definition, benefits are payable to employees unable to perform at least one of the Material Duties of his/her Regular Occupation (the occupation he/she is routinely performing when the disability begins). After a Monthly Benefit has been paid for 2 years, Disability means the employee is unable to perform all of the Material Duties of any occupation for which he/she is reasonably suited for by training, education, or experience.
Own Occupation Earnings Test	Unable to perform at least one of the Material Duties of your regular occupation and unable to generate 99% of your base monthly earnings due to the same injury or sickness.
Definition of Monthly Earnings	Monthly earnings for salaried employees is the base annual salary which excludes any additional pay in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



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

City of Albuquerque

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



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

COVERAGE INFORMATION

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

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

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

ASKED & ANSWERED

WHO IS ELIGIBLE?

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

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

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

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

AM I GUARANTEED COVERAGE?

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

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

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

WHEN DOES THIS INSURANCE END?

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

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

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

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

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The Buck’s Got Your Back®

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GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



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

City of Albuquerque

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



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

COVERAGE INFORMATION

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

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

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

ASKED & ANSWERED

WHO IS ELIGIBLE?

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

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

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

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

AM I GUARANTEED COVERAGE?

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

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

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

WHEN DOES THIS INSURANCE END?

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

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

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

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

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

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The Buck's Got Your Back[®]

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

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

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LIMITATIONS & EXCLUSIONS



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

GROUP ACCIDENT INSURANCE LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

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

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

GROUP CRITICAL ILLNESS INSURANCE LIMITATIONS AND EXCLUSIONS

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

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

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

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

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

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

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

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

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

NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

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

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

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

The Buck's Got Your Back®

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

Legal Insurance from ARAG



WHAT IS LEGAL INSURANCE?

Legal coverage isn't just for the serious issues, it's for your everyday needs, too. Legal insurance helps you address common situations like creating wills, transferring property or dealing with a traffic ticket.

WHAT DOES LEGAL INSURANCE COVER?

A legal insurance plan from ARAG® covers a wide range of legal needs like the examples shown below – and many more – to help you address life's legal situations.

Consumer Protection Matters

- Auto repair
- Buying or selling a car
- Consumer fraud
- Consumer protection for goods or services
- Home improvement
- Personal property disputes
- Small claims court

Criminal Situations

- Juvenile
- Parental responsibility

Family Law Events

- Adoption
- Domestic partnership
- Guardianship/conservatorship
- Name change
- Pet-related matters and damages
- Pre-marital agreements
- Divorce

General Needs

- Document review
- Credit records correction
- Document preparation

Finance, Tax & Debt-Related Matters

- Debt collection
- Garnishments
- IRS tax audit
- Personal bankruptcy
- Student loan debt

Home Ownership or Renter Matters

- Buying and selling a home
- Contracts/lease agreements
- Contractor issues
- Deeds
- Foreclosures or evictions
- Disputes with a landlord
- Neighbor disputes
- Real estate disputes

Traffic Troubles

- License suspension/revocation
- Traffic tickets

Wills & Estate Planning Needs

- Funeral directives
- Powers of attorney
- Wills
- Trusts

WANT MORE INFORMATION?



For specific details about your plan, and to view a complete list of coverages, visit ARAGlegal.com/myinfo and enter Access Code: **16742coa**



To talk with someone, call ARAG at **800-247-4184**

WHAT DOES IT COST?

UltimateAdvisor®

\$7.92 biweekly

\$9.87 biweekly

\$10.13 biweekly





CITY OF ALBUQUERQUE EMPLOYEES AND PARTICIPATING ENTITIES: YOU ARE ELIGIBLE FOR AUTO INSURANCE DISCOUNTS FROM FARMERS GROUPSELECT.

Switch today to see how much you could save! Get quotes today.

Auto Insurance

Choose your coverage while enjoying savings and benefits, like:

- Special group discounts
- Automated payment options
- Claim-free driving rewards
- Enhanced rental car damage coverage
- No deductible repairs for certain windshield damage
- Roadside assistance
- Guaranteed auto repairs for covered losses***
- ID protection services¹

Home Insurance

Choose home insurance coverage along with savings and benefits, like:

- Special group discounts
- Replacement cost coverage
- Referral networks
- Automated payment options
- ID protection services¹

As an employee or participating entity, you have access to special savings on auto insurance. Others have saved an average of \$579* on auto insurance by making the switch.

GET QUOTES

Call today, 800-438-6381 or visit www.farmers.com/groupselect

Other Policy Options

By bundling auto, home, and other policies from Farmers GroupSelect, you could save even more! Others saved \$751** on average!



RV



Renter's



Motorcycle



Boat



Condo

*Savings based on the average nationwide annual savings in 2021 reported by new customers who called the Farmers GroupSelect employee and affinity member call center, switched their auto insurance to Farmers[®] branded auto insurance policies issued through the Farmers GroupSelect employee or affinity member program, and realized savings. Potential savings vary by customer and may vary by state and product. Statistics do not reflect sales of products sold on Agent360SM.

**Savings based on the average nationwide annual savings in 2021 reported by a sample of new customers who called the Farmers GroupSelectSM employee and affinity member call center, switched their auto and home insurance to Farmers[®] branded auto and home insurance policies issued through the Farmers GroupSelect employee or affinity member program, and realized savings. Potential savings vary by customer and may vary by state and product. Statistics do not reflect sales of products sold on Agent360SM.

*** Repairs necessitated by covered losses performed by shops in our network of optional service providers are guaranteed for as long as you own your vehicle. Choice of repair shop is always up to the insured.

¹Identity protection services are not available to auto customers in NC or NH nor with all policy forms. Identity protection services are available in NC homeowners policies with the optional "Identity Theft Expense and Resolution Plus" endorsement for an additional premium.

Advertisement produced on behalf of the following specific insurers seeking to obtain business for insurance underwritten by Farmers Property and Casualty Insurance Company and certain of its affiliates: Economy Fire & Casualty Company, Economy Preferred Insurance Company, Farmers Casualty Insurance Company, Farmers Direct Property and Casualty Insurance Company, Farmers Group Property and Casualty Insurance Company, or Farmers Lloyds Insurance Company of Texas, all with administrative home offices in Warwick, RI. List of licenses at www.farmers.com. Coverage, rates, discounts, and policy features vary by state and product and are available in most states to those who qualify. 4946593.1 © 2023 Farmers Insurance[®]



Whatever the path, begin with a plan.

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

What is a 529 Education Savings Plan?

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

It Pays to Live in New Mexico.

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

Questions?

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

Benefits:

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



The Education Plan®
A little today goes a long way

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



**ONE
ALBUQUE
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Time for your financial checkup?

Meet with a financial professional.



Financial professionals are now available on-site to discuss your retirement plan accounts and options!

As always, we are also available to meet via phone or virtually.

On-site days: In person meetings available upon request.

Schedule a meeting now to make sure you are on track for the kind of retirement that you envision. Contact a financial professional or scan the QR code below to schedule an on-site or virtual appointment.



**Anita Atencio, MBA, CRPC®
Financial Advisor**

2745 Dallas Parkway, Suite 480
Plano, TX 75093
Office: 972.383.7200
Cell: 505.469.8154

anita.atencio
@corebridgefinancial.com



**Daniel Aviles, Jr.
Financial Advisor**

2745 Dallas Parkway, Suite 480
Plano, TX 75093
Office: 972.383.7200
Cell: 281.878.2851

daniel.avilesjr
@corebridgefinancial.com



corebridgefinancial.com/retirementservices 1.800.426.3753

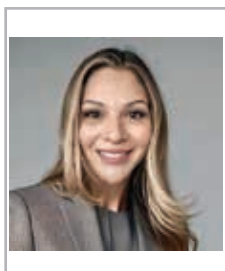
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Annuities are issued by **The Variable Annuity Life Insurance Company**, Houston, TX.

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

VALIC Retirement Services Company provides retirement plan recordkeeping and related services and is the transfer agent for certain affiliated variable investment options. All companies above are wholly owned subsidiaries of Corebridge Financial, Inc.

Meet Your Retirement Plans Specialist



Julie Flores
Retirement Plans Specialist, City of Albuquerque
202.809.2113 | jaflores@missionsq.org

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

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

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



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

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

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

Did you know...

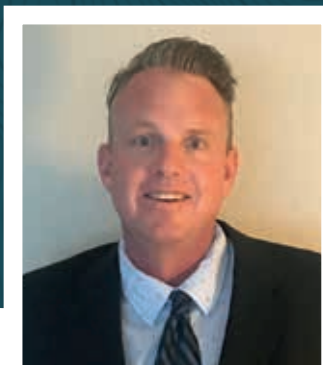


City of Albuquerque employees can join a plan to help you have a more secure retirement?

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

- ✦ PERA (Public Employees Retirement Association) optional tax-deferred retirement plan
- ✦ Dedicated resources, education and individual attention
- ✦ Automatic payroll deduction
- ✦ Lower administrative fees
- ✦ Variety of investment choices
- ✦ PERA Board oversight
- ✦ Investments potentially grow tax deferred
- ✦ Withdrawals are taxable in the year you take them
- ✦ Assets may be used to purchase PERA and ERA service credit on a pre-tax basis
- ✦ Access to thousands of investment options via Schwab PCRA*
- ✦ Loan provision and unforeseeable emergency assistance
- ✦ Access to your account. Anywhere. Any time. Any device.

Connect with your local Voya Plan representative



Paul Lium

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



Call:
(505) 699-8548



Email:
paul.lium@voya.com

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

Contacts and Resources



Employer

Offices	Contact Numbers
City of Albuquerque Insurance and Benefits Office 400 Marquette NW, Room 702 PO Box 1293 Albuquerque, NM 87103	(505) 768-3758 phone (505) 768-3760 fax employeebenefits@cabq.gov
Public Employees Retirement Association (PERA) Albuquerque Office – 2500 Louisiana Blvd NE, Suite 420 www.pera.state.nm.us	(505) 383-6550 phone (505) 383-6550 Albuquerque (800) 342-3422 toll free

Benefit Vendors

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

Contacts and Resources



Product	Company Name	Group Number	Contact Information
Flexible Spending Accounts (Medical, Dependent Care, Parking/Transit)	P&A Administrative Services		1-800-688-2611 www.padmin.com
Auto & Home	Farmers Group Select		800-438-6381 www.myautohome.farmers.com
Legal	ARAG		800-247-4184 http://ARAGLegalCenter.com
Loan Program	TrueConnect		1-866-827-3520 Customer Service
Deferred Compensation IRC 457	MissionSquare	300476	Julie Flores (202) 809-2113 JAFlores@missionsq.org
Deferred Compensation IRC 457	Corebridge Financial	56737	Anita Atencio (505) 469-8154 anita.atencio@ corebridgefinancial.com
Deferred Compensation IRC 457	Voya	007844	Paul Lium 505-699-8548 www.my.voya.com
New Mexico 529 Education Plan	TheEducationPlan.com		TheEducationPlan.com





BlueCare DentalSM

