

Employer Sponsored
Group
Benefits



Contract Year
July 1, 2023
through
June 30, 2024





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

Coverage Options

- Employee Only
- Employee Plus Spouse or Domestic Partner
- Single Parent
- Family

Changing Benefit Elections and Qualifying Life Events:

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

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

Exceptions to this are qualifying life events. Please note: Qualifying Life Events do not allow you to change your Presbyterian Gym Membership election. The only time to elect participation, or disenrollment, is during open enrollment.

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** – Affidavit* and three proofs of financial interdependence
 - **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

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

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

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

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

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

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 online 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 had a Life Status Change Not Listed Above.” 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.

Effective 7/1/2016 Presbyterian Health Plan offers the option of a gym membership for no additional premium. The only time to elect participation, or disenrollment, is during open enrollment.

- » **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 divorce is final
 - 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 term life. 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 FY2024

July 1, 2023 - June 30, 2024

Medical Insurance		Employee pays 20% City pays 80%	
Presbyterian My Care Health Plan			
	Employee*	City	Total
Single	56.03	224.12	280.15
Couple	114.00	456.02	570.02
S/Parent	90.00	360.02	450.02
Family	164.53	658.13	822.66

Dental Insurance		Employee pays 20% City pays 80%	
Delta Dental			
	Employee*	City	Total
Single	2.98	11.91	14.89
Couple	6.02	24.10	30.12
S/Parent	6.62	26.47	33.09
Family	8.96	35.84	44.80

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	0.0429	0.0185	
30-34	0.0549	0.0254	
35-39	0.0909	0.0434	
40-44	0.1278	0.0669	
45-49	0.2409	0.1334	
50-54	0.3637	0.1998	
55-59	0.5317	0.2903	
60-64	0.6762	0.3748	
65-69	1.0011	0.5612	
70-74	1.9108	1.0606	
75+	2.9668	1.6509	

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	0.24
\$5,000	0.48
\$7,500	0.72
\$10,000	0.96

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

My Care Plan Options

Choosing a Plan



Presbyterian Health Plan has a long tradition of serving the employees of the City of Albuquerque and participating entities.

Choosing the best health coverage for you and your family can be confusing, but we can help make it simple. **One easy way to start evaluating which plan is best for you is to use Presbyterian's My Care plan comparison tool at www.phs.org/CABQ.** You can also review the plan information below and the detailed benefit grid on the next page.

The premium you pay each month is the same for all three My Care plan options, so it's important to understand which plan best fits your unique healthcare needs.

Plan Benefits/Coverage	Active Option	Family Option	Independent Option
Medical copays for employees and dependents over age 26	Lowest copays	Slightly higher copays for the most common services (\$5-\$10)	
Medical copays for dependents under age 26	Same copays as for employees and dependents over age 26	Significantly lower copays for many services (e.g., \$30 less for PCP visit)	Same copays as for employees and dependents over age 26
Prescription copays for brand-name drugs (Administered by Optum Rx)	Slightly higher copays for brand-name prescriptions (\$5 for 30-day supply)	Lowest copays for brand-name prescriptions	
Out-of-state coverage <i>Dependent students may receive limited medical care at a Student Health Center.</i>	Urgent or emergent care only		Receive in-network benefits when using the MultiPlan/PHCS network when outside of New Mexico
Out-of-network coverage	Urgent or emergent care only		Available at higher out-of-pocket cost
Maternity care <i>Prenatal and postnatal (not including delivery)</i>	Up to \$200 in copays per pregnancy	Up to \$300 in copays per pregnancy	
Unique Services Reimbursement Plan <i>Per family per calendar year. *See Summary Plan Description for complete list of reimbursable services.</i>	Up to \$150 reimbursement for gym membership fees, vision care, scan and ambulance copays, sterilization, birth control and LASIK	No reimbursement	Up to \$250 reimbursement for prescription drugs, vision care, alternative therapies and hearing aids

The benefit information provided is a brief summary, not a comprehensive description of benefits, limitations and/or exclusions. For more information, contact us at **(505) 923-7787** or refer to the Summary Plan Description (SPD) online at www.phs.org/CABQ.

Presbyterian Medical Benefits at a Glance				Independent Option This option allows you to use ANY provider network of your choice.	
Plan Benefits/Coverage	Active Option	Family Option		In-Network	Out-of-Network ¹
		Adult	Child (Dependent to Age 26)		
Individual Deductible	\$175 Individual \$350 Family	\$175 Individual \$350 Family		\$175 Individual \$350 Family	\$500 Individual \$1,000 Family
Annual-Out-of-Pocket Maximum (includes medical through PHP and pharmacy through Optum Rx)	\$6,350 Individual \$12,700 Family max	\$6,350 Individual \$12,700 Family max		\$6,350 Individual \$12,700 Family max	\$12,700 Individual \$25,400 Family max
Preventive Care ²	\$0	\$0	\$0	\$0	40%
Primary Care Provider Visit Telehealth visits will have the same cost share as the office visits.	\$35	\$40	\$10	\$40	40%
Video visits through the myPRES portal with a nationwide network of providers	\$0	\$0	\$0	\$0	\$0
Specialist Provider Visit	\$50	\$55	\$40	\$55	40%
Behavioral Health Provider Visit ⁶	\$0	\$0	\$0	\$0	40%
Chiropractic and Acupuncture Each limited to 20 visits per plan year	\$50	\$55	\$40	\$55	40%
Outpatient Speech, Physical, and Occupational Therapy Up to 24 visits per year combined	\$35	\$40	\$10	\$40	40%
Colorectal Screening	\$0	\$0	\$0	\$0	40%
Diagnostic Lab, X-Ray, EKG	\$0	\$0	\$0	\$0	40%
Imaging and Scanning ^{3,4}	\$125 PET/MRI \$75 CT scan	\$200 PET/MRI \$125 CT scan	\$100 PET/MRI \$75 CT scan	\$125 PET/MRI \$75 CT scan	40%
Urgent Care ⁴	\$50 in network \$50 out network	\$50 in network \$50 out network	\$10 in network \$10 out network	\$50	\$50
Emergency Room Visit ⁴	\$200 includes all services and waived if admitted				
Emergency Medical Transportation ⁴	\$50 ground/\$100 air				
Hospital Inpatient Stay ^{3,4} Hospice/Skilled Nursing Care ^{3,4}	\$500 per admission	\$500 per admission	\$350 per admission	\$500 per admission	40%
Outpatient Surgery ^{3,4}	20% up to \$500 per visit	20% up to \$500 per visit	20% up to \$200 per visit	20% up to \$500 per visit	40%
Maternity Care – Prenatal and Postnatal	\$35 per visit up to \$200	\$40 per visit up to \$300 ⁵		\$40 per visit up to \$300 ⁵	40%
Infertility Services ⁴	50%				Not Covered
Transgender Services ^{4,5}	Coverage of medically necessary services for individuals who meet the qualifying diagnosis include certain surgical procedures, hormonal therapy and behavioral health support. Requires Prior Authorization.				
Durable Medical Equipment ^{3,4}	50%				
Home Healthcare	\$0				40%
Unique Service Reimbursement	\$150 per year	\$0 per year		\$250 per year	

Prescription Drugs - Your prescription benefits are administered by OptumRX. You can contact OptumRX by calling 1-800-372-8563.

¹ Out-of-network benefits are limited to reasonable and customary charges. You are responsible for any balance due above reasonable and customary charges. Deductible applies to all out-of-network services.

² For a complete list of preventive services, visit www.healthcare.gov/what-are-my-preventive-care-benefits.

³ Prior authorization required.

⁴ Subject to annual deductible.

⁵ Per pregnancy. Delivery subject to inpatient cost sharing and prior authorization.

⁶ In-network Behavioral Health Services are covered at \$0 copay when the diagnosis is the primary or secondary diagnosis on the claim. Effective 7/1/2023

Choosing a PCP



Having a primary care provider (PCP) who you like and trust is essential to you and your family's good health. Your PCP may be a physician, a physician assistant or nurse practitioner within Presbyterian's contracted network of Internal Medicine, Family Medicine or Pediatrics specialties.

Each family member can have his or her own PCP. We have teams to guide you through the process of finding a provider for you and your family.

- Presbyterian Member Advocate team at **(505) 923-7787** or **1-855-261-7737**
- Presbyterian Medical Group Provider team at **(505) 923-2011**



Family Medicine provides continuing, comprehensive healthcare for individuals and families.

Internal Medicine focuses on the prevention, diagnosis and treatment of adult diseases.

Pediatrics focuses on the physical, mental and social health and well-being of infants, children, adolescents and young adults.

Get Care Today

The simple things treated faster.



If you need care today, use our **Get Care** tool to self-navigate to same-day service. You can receive care on the phone, online, via video and in person. To see which option is best for you, go to www.phsgetcare.org and select **Get care today**. For cost-sharing, refer to the Medical Benefits at a Glance.

For a Video Visit, all you need is a device with a camera and mobile data or Wi-Fi access.

Need help getting care?

The default insurance provider is **Presbyterian**. [Have something else?](#)

When do you need care?

Get care today Get care later

Get care today

Telehealth	 Video Visits On-demand urgent care for minor illnesses and injuries Cost: \$0 - \$ Wait time:	 Online Visits Online medical interview and response Cost: \$0 - \$ Wait time:	 PresRN 24/7 nurse advice line Cost: \$0 Wait time:
	 Urgent Care Same-day in-person care for minor illnesses and injuries Cost: \$\$ Wait time:	 Emergency Care* Walk-in critical care Cost: \$\$\$ Wait time:	

Understanding More About Your Health Plan

No-Cost Healthcare Solutions



All Presbyterian Health Plan members through the City of Albuquerque and its participating entities have access to a growing statewide network. This includes an integrated health system of eight hospitals, a large medical group and a health plan network of more than 10,000 providers and facilities throughout New Mexico and border communities (listed at www.phs.org/directory).

Presbyterian's Mobile Health Center: Bringing care to you

It is important that you have a regular primary care provider (PCP), but with your health plan you also have access to the Presbyterian Mobile Health Center. The Mobile Health Center offers non-work-related routine healthcare and urgent care services exclusively to you and your enrolled dependents. The Mobile Health Center, a 45-foot van, travels to different locations, giving you the option to visit the health center wherever it is. Appointments are available for **no copay** on a scheduled or walk-in basis (as time permits). Standard out-of-pocket expenses will apply if you are referred outside the Mobile Health Center for more specialized services.

- The Mobile Health Center is staffed and equipped to diagnose and treat symptoms such as:

- colds
- coughs
- sore throats
- flu symptoms
- ear aches
- pink eye
- sinus infections
- urinary tract infections
- strains and sprains
- cuts
- removal of stitches

- The staff can also administer:

- your annual physical exam
- select vaccinations
- lab tests
- ongoing screenings for A1C, cholesterol, blood glucose and blood pressure

- The Mobile Health Center team will refer you to specialists and write prescriptions as needed. Any care you receive will be communicated to your Primary Care Provider (PCP).

- For schedules and locations, visit www.cabq.gov/mobilehealthcenter. Please call to schedule an appointment: **(505) 220-6562**.



**\$0 copayment for covered employees,
spouses and dependent children age two and up.
Call (505) 220-6562 for an appointment.**

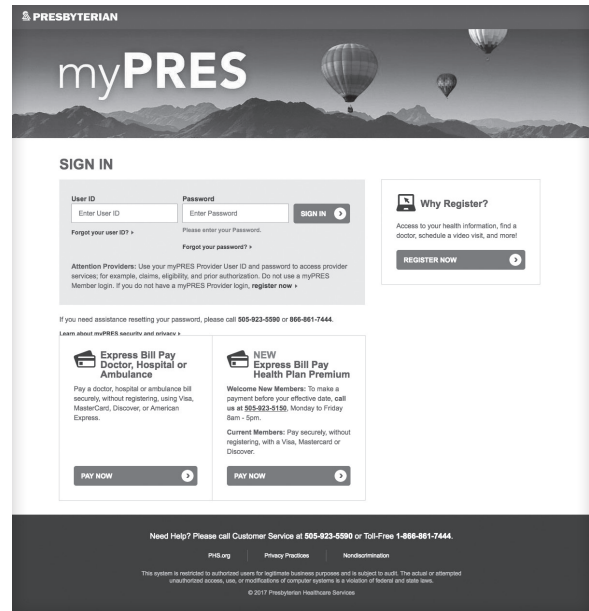
Personalized Service



Get the information you want when you need it.

Presbyterian's web-based services offer fast and convenient service any day of the year.

- Look up **benefit information** securely, view claims status, and track deductibles.
- Complete a **Video Visit**.
- Schedule an online **Urgent Care appointment**.
- Access **Wellness at Work**, a web-based application offering personal health assessments, health education tools and more.
- Send messages to care teams, request appointments and view test results with **MyChart** (for Presbyterian Medical Group patients).
- View or request a replacement **member ID card**.



Presbyterian Customer Service Center: Dedicated to you.

Our friendly representatives are available Monday through Friday from 7 a.m. to 6 p.m. to answer your benefit questions and assist you in selecting a primary care provider (PCP). You can contact our customer service by calling **(505) 923-7787** (this number is also located on the back of your member ID card) or via email at **cabqinquiry@phs.org**. We also offer automated options on our customer service phone line to help you get the information you need quickly.



Keep your story moving with a new fitness membership.

As a Presbyterian Health Plan City of Albuquerque member, you and your enrolled dependents (ages 18 and up) now have **free access** to more than 8,500 national, regional and local fitness, recreation and community centers. These facilities include all Defined Fitness locations in Albuquerque, Rio Rancho and Farmington, as well as the nationwide Prime Fitness network.



Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna, and steam room.



The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select YMCAs, Snap Fitness, Curves® and more. When you use Prime Fitness, your fitness travels with you.

Visit www.defined.com or www.primemember.com for a list of participating locations. After your enrollment with Presbyterian Health Plan, you'll receive detailed instructions on how to get started.

It's never been easier to keep your story moving.

 **PRESBYTERIAN** Health Plan, Inc.

MPC032320



Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for more than 25 years. Enjoy a special Presbyterian Health Plan member rate and experience five-star service and first-rate amenities at five New Mexico locations and other clubs across the country. Visit www.sportsandwellness.com.



**Complete the Health
Check and
earn \$25.00!**

Complete your Health Check

Health Check is a confidential 15-minute survey that provides valuable information about yourself and your health habits. You'll learn your strengths as well as areas for improvement, and get personalized recommendations to help you tackle your wellbeing goals.



BetterHealth

CITY OF ALBUQUERQUE AND
PARTICIPATING GOVERNMENT ENTITIES

Better you.



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

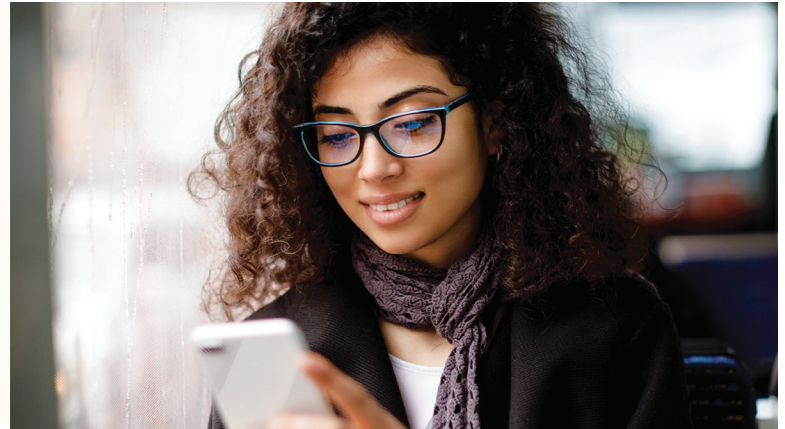
We provide personal training for exercise and strength, body composition analysis, cardiovascular endurance testing, back strengthening, and a variety of health education classes: CPR, AED training, weight management, fitness testing, basic first aid, stress management, violence prevention, conflict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

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	\$35	\$87.50
Tier 3: Higher-cost brand name and some generics	\$55	\$165

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.

The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities. Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla español (Spanish), La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

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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.



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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](https://www.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.



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Skip the pharmacy. We deliver to you.

If you take a medication regularly, you could save time and money with Optum Home Delivery after **July 1, 2023**.

- 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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Plan Details

Benefit Period:	July 1 through June 30
Deductible:	\$50 Deductible per person total per Benefit Period limited to a maximum Deductible of \$150 per family per Benefit Period
Maximum Benefit Amount:	\$1,500 per person total per Benefit Period
Orthodontic Lifetime Maximum:	\$1,200 per person total per lifetime
Benefit Waiting Period:	None.
Additional Plan Selections:	This dental Plan includes Preventive Care Security (PCS); Diagnostic and Preventive Services (routine exams, cleanings and x-rays) will not reduce your Maximum Benefit Amount.

Covered Services

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

*Selecting a Non-Participating Provider may result in higher out-of-pocket expenses, even when there is no change in Benefit level between in-network and out-of-network Benefits. Non-Participating Providers do not accept Delta Dental's Maximum Approved Fees as payment in full. You will be financially responsible for balance billed amounts, or amounts that exceed the Non-Participating Provider's reimbursement.

Finding a Provider

Delta Dental contracts with Participating Providers throughout New Mexico and across the country. Search for a Provider by visiting www.DeltadentalNM.com. Please see your Summary of Dental Plan Benefits for information about your Plan's network, including the types of Providers you may visit under your Plan and how fees and payments will work for different Providers.

Added Value from Delta Dental

Delta Dental of New Mexico supports its customers with these features:

- **Local customer service:** If you have questions, call our Customer Service team during business hours at (877) 395-9420 to speak to a representative in New Mexico. You can also call the same number 24/7 to access the automated phone system for information about your Plan, including Benefit details and eligibility updates.
- **Fast, accurate claims processing:** Claims are processed quickly and accurately thanks to our claims processing system and skilled staff members.
- **24/7 online access to Member Portal for Subscribers and Dependents:** Find a Provider, check Benefits, select paperless notices, review claims and amounts used toward maximums, print ID cards, and more—all at your own convenience, and much more!

Note: This document is intended only to provide a brief description of your Benefits. Please refer to the Dental Benefit Handbook and Summary of Dental Plan Benefits for a complete description of Benefits, limitations, and exclusions applicable to your Plan.

Tips for Dental Plan Members

2023-2024 Annual Open Enrollment

The City of Albuquerque and Participating Entities Dental Plan features the Delta Dental PPO™ Point of Service network, a preferred provider network with more than 1,900 Delta Dental PPO access points and more than 2,100 Delta Dental Premier® access points in New Mexico with enhanced features when you use a Delta Dental PPO provider.

Maximize Your Benefits and Your Oral Health!



Dear Valued Member,

Visiting your dental provider for regular check-ups is key to taking care of your oral health. Don't cancel on your dentist! Avoid problems before they become bigger (and possibly more expensive) ones.

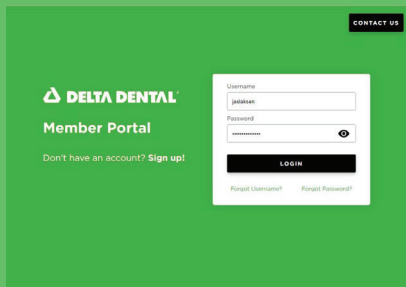
The City of Albuquerque's plan allows for two cleanings and two oral examinations per calendar year at no cost to you when you visit a Delta Dental PPO provider. Refer to the Summary of Dental Plan Benefits for more information regarding your plan. People with specific at-risk health conditions may be eligible for additional cleanings or topical fluoride treatment. Please talk with your provider about treatment and if you may qualify.

Consult with your provider to determine an appropriate frequency and level of care to meet your individual needs and get those pre-treatment estimates before any costly procedures are done. If you don't have a provider, visit www.DeltadentalNM.com to search for contracted providers near you.

Get Answers to Your Benefits and Claims Questions

Online: www.DeltaDentalNM.com

Visit the Web site to search for a provider, access the Member Portal and more!



Interactive Voice Response (IVR)

Call Delta Dental's IVR system any time, 24/7, at (505) 855-7111 or (877) 395-9420 (toll-free).

Use the IVR to:

- Verify benefits and eligibility
- Get an ID card
- Request participating provider directories (voice, mail, or fax)
- Check claims status

Request fax copies of benefits, eligibility, explanations of benefits, and pre-treatment estimates

Customer Service (M-F, 8am-4:30pm MT)

Call Customer Service for help with benefits, eligibility, and more.



Phone:

- (505) 855-7111 (local)
- (877) 395-9420 (toll-free)

Email:

customerservice@deltadentalnm.com

City of Albuquerque your vision plan

Client code: 8985



Frequency

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

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



Exams & Services

Eye Exam copay:
\$10

Contacts evaluation, fitting & follow-up:

Conventional lens \$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.

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

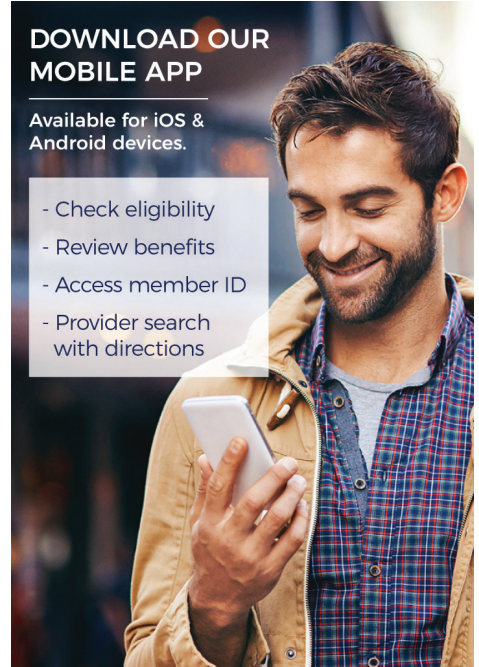
Trivex Lenses.....\$50

Blue Light Filtering.....\$15

DOWNLOAD OUR MOBILE APP

Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



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	

1. Some limitations apply to additional discounts; discounts not applicable at all in-network providers. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.



> Term Life Insurance



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

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

We’ve Got You Covered

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

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

How much insurance is enough?

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

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE CITY OF ALBUQUERQUE, (EXCLUDING UNDERCOVER AGENTS), TOWN OF EDGEWOOD AND WATER AUTHORITY EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Premium Payment	The premiums for this insurance are paid in full by the policyholder. 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, but in no event less than \$25,000 or more than \$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.
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Child Education - Seat Belt - Airbag - Common Carrier - Paralysis
Portability	Allows you to continue this insurance program 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)	Mutual of Omaha's team of master's level EAP professionals are available 24/7/365 to provide you and your loved ones resources for assistance with personal and workplace issues. Access to EAP services is obtained by calling 1-800-316-2796 or by using an online submission form for employee convenience at www.mutualofomaha.com/eap . Online are valuable resources and links for additional assistance, including current events, family and relationships, emotional well-being, financial wellness, substance abuse and addiction, legal assistance and work and career.
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .
EXCLUSIONS	
<p>Insurance benefits and guarantee issue amounts are not subject to age reductions.</p> <p>Information about the AD&D exclusions for this plan will be included in the summary of coverage, which you will receive after enrolling.</p> <p>Please contact your employer if you have questions prior to enrolling.</p>	



> Voluntary Term Life Insurance



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

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

How much insurance is enough?

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

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
Dependent Eligibility Requirement	To be eligible for coverage, your dependents must be able to perform normal activities, and not be confined (at home, in a hospital, or in any other care facility), and any child(ren) must be under age 26. In order for your spouse and/or 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>Within the coverage guidelines defined in the "AD&D Coverage Selection and Premium Calculation" section that follows, you select the amount of AD&D coverage that you want for yourself and your spouse.</p> <p>AD&D coverage is available if you or your dependents are injured or die as a result of an accident, and the injury or death is independent of sickness and all other causes. The benefit amount depends on the type of loss incurred, and is either all or a portion of the Principal Sum.</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 enrollment by up to \$50,000, provided the total amount of insurance does not exceed your maximum benefit amount. This feature allows you to secure additional life insurance protection in the event your needs change (ex. you get married or have a child). Amounts over the Guarantee Issue will require evidence of insurability (proof of good health).
Additional AD&D Benefits	In addition to basic AD&D benefits, you are protected by the following benefits: - Child Education - Seat Belt - Airbag - Common Carrier - Paralysis
Portability	Allows you to continue this insurance program for yourself and your dependents should you leave your employer for any reason, without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.
Conversion	If your employment ends, you may apply for an individual life insurance policy from Mutual of Omaha without having to provide evidence of insurability (information about your health). You will be responsible for the premium for the coverage.

SERVICES

Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.
Will Prep Services	We work with Epoq, Inc. to offer employees online will prep tools. In just a few clicks you can complete a basic will or other documents to protect your family and property. To get started visit www.willprepservices.com .

AGE REDUCTIONS AND EXCLUSIONS

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

- At age 70, amounts reduce to 50%

Life insurance benefits will not be paid if the insured's death is the result of suicide within two years from the date coverage begins. If this occurs, the sum of the premiums paid will be returned to the beneficiary. The same applies for any future increases in coverage under this plan.

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

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

Coverage Selection and Premium Calculation - Employee

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

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

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

- 1) Locate the benefit amount you want from the top row of the employee premium table (tobacco or non-tobacco). Your benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

- 2) Find your age bracket in the far left column.
- 3) Your premium amount is found in the box where the row (your age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

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

EMPLOYEE PREMIUM TABLE FOR NON-TOBACCO USERS (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
30 - 34	\$0.25	\$0.51	\$0.76	\$1.02	\$1.27	\$1.52	\$1.78	\$2.03	\$2.28	\$2.54
35 - 39	\$0.43	\$0.87	\$1.30	\$1.74	\$2.17	\$2.60	\$3.04	\$3.47	\$3.90	\$4.34
40 - 44	\$0.67	\$1.34	\$2.01	\$2.68	\$3.35	\$4.02	\$4.68	\$5.35	\$6.02	\$6.69
45 - 49	\$1.33	\$2.67	\$4.00	\$5.34	\$6.67	\$8.00	\$9.34	\$10.67	\$12.00	\$13.34
50 - 54	\$2.00	\$4.00	\$6.00	\$7.99	\$9.99	\$11.99	\$13.99	\$15.99	\$17.99	\$19.98
55 - 59	\$2.90	\$5.81	\$8.71	\$11.61	\$14.52	\$17.42	\$20.32	\$23.22	\$26.13	\$29.03
60 - 64	\$3.75	\$7.50	\$11.24	\$14.99	\$18.74	\$22.49	\$26.23	\$29.98	\$33.73	\$37.48
65 - 69	\$5.61	\$11.22	\$16.84	\$22.45	\$28.06	\$33.67	\$39.29	\$44.90	\$50.51	\$56.12
70 - 74	\$10.61	\$21.21	\$31.82	\$42.42	\$53.03	\$63.64	\$74.24	\$84.85	\$95.46	\$106.06
75+	\$16.51	\$33.02	\$49.53	\$66.04	\$82.55	\$99.06	\$115.56	\$132.07	\$148.58	\$165.09

EMPLOYEE PREMIUM TABLE FOR TOBACCO USERS (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.43	\$0.86	\$1.29	\$1.72	\$2.15	\$2.58	\$3.00	\$3.43	\$3.86	\$4.29
30 - 34	\$0.55	\$1.10	\$1.65	\$2.20	\$2.75	\$3.30	\$3.84	\$4.39	\$4.94	\$5.49
35 - 39	\$0.91	\$1.82	\$2.73	\$3.64	\$4.55	\$5.46	\$6.36	\$7.27	\$8.18	\$9.09
40 - 44	\$1.28	\$2.56	\$3.84	\$5.11	\$6.39	\$7.67	\$8.95	\$10.23	\$11.51	\$12.78
45 - 49	\$2.41	\$4.82	\$7.23	\$9.64	\$12.05	\$14.46	\$16.86	\$19.27	\$21.68	\$24.09
50 - 54	\$3.64	\$7.27	\$10.91	\$14.55	\$18.18	\$21.82	\$25.46	\$29.10	\$32.73	\$36.37
55 - 59	\$5.32	\$10.63	\$15.95	\$21.27	\$26.58	\$31.90	\$37.22	\$42.54	\$47.85	\$53.17
60 - 64	\$6.76	\$13.52	\$20.28	\$27.05	\$33.81	\$40.57	\$47.33	\$54.09	\$60.85	\$67.62
65 - 69	\$10.01	\$20.02	\$30.03	\$40.04	\$50.05	\$60.06	\$70.08	\$80.09	\$90.10	\$100.11
70 - 74	\$19.11	\$38.22	\$57.32	\$76.43	\$95.54	\$114.65	\$133.75	\$152.86	\$171.97	\$191.08
75+	\$29.67	\$59.34	\$89.00	\$118.67	\$148.34	\$178.01	\$207.67	\$237.34	\$267.01	\$296.68

Coverage Selection and Premium Calculation – Dependents

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

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

- 1) Locate the benefit amount you want for your spouse from the top row of the premium table. The benefit amount must be in an increment of \$10,000. Refer to the Coverage Guidelines section for minimums and maximums, if needed.
- 2) **Your spouse's rate is based on your age**, so find your age bracket in the far left column of the Spouse Premium Table.

- 3) The premium amount is found in the box where the row (the age) and the column (benefit amount) intersect.
- 4) Enter the benefit and premium amounts into their respective areas in the Voluntary Life section of your enrollment form.

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

SPOUSE PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
0 - 29	\$0.18	\$0.37	\$0.55	\$0.74	\$0.92	\$1.11	\$1.29	\$1.48	\$1.66	\$1.85
30 - 34	\$0.25	\$0.51	\$0.76	\$1.02	\$1.27	\$1.52	\$1.78	\$2.03	\$2.28	\$2.54
35 - 39	\$0.43	\$0.87	\$1.30	\$1.74	\$2.17	\$2.60	\$3.04	\$3.47	\$3.90	\$4.34
40 - 44	\$0.67	\$1.34	\$2.01	\$2.68	\$3.35	\$4.02	\$4.68	\$5.35	\$6.02	\$6.69
45 - 49	\$1.33	\$2.67	\$4.00	\$5.34	\$6.67	\$8.00	\$9.34	\$10.67	\$12.00	\$13.34
50 - 54	\$2.00	\$4.00	\$6.00	\$7.99	\$9.99	\$11.99	\$13.99	\$15.99	\$17.99	\$19.98
55 - 59	\$2.90	\$5.81	\$8.71	\$11.61	\$14.52	\$17.42	\$20.32	\$23.22	\$26.13	\$29.03
60 - 64	\$3.75	\$7.50	\$11.24	\$14.99	\$18.74	\$22.49	\$26.23	\$29.98	\$33.73	\$37.48
65 - 69	\$5.61	\$11.22	\$16.84	\$22.45	\$28.06	\$33.67	\$39.29	\$44.90	\$50.51	\$56.12
70 - 74	\$10.61	\$21.21	\$31.82	\$42.42	\$53.03	\$63.64	\$74.24	\$84.85	\$95.46	\$106.06
75+	\$16.51	\$33.02	\$49.53	\$66.04	\$82.55	\$99.06	\$115.56	\$132.07	\$148.58	\$165.09

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

- 1) Locate the benefit amount you want to select for your child(ren) from the top row of the premium table. Refer to the Coverage Guidelines section for minimums and maximums, if needed.

- 2) The premium amount is found in the box below the benefit amount.
- 3) Enter the benefit and premium amounts for your child(ren) into their respective areas in the Voluntary Life section of your enrollment form.

ALL CHILDREN PREMIUM TABLE (26 PAYROLL DEDUCTIONS PER YEAR)*			
\$2,500	\$5,000	\$7,500	\$10,000
\$0.24	\$0.48	\$0.72	\$0.96

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

> Voluntary Short-Term Disability Insurance



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

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

We've Got You Covered

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

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

Coverage guidelines and benefits are outlined below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES EXCLUDING HOUSING AUTHORITY EMPLOYEES

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

BENEFITS

Elimination Period	If you become disabled, there is an elimination period before benefits are payable. Your benefits begin: <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 before-tax weekly earnings, not to exceed the plan's maximum weekly benefit amount less other income sources. The premium for your short-term disability coverage is waived while you are receiving benefits.
Maximum Benefit Period	Up to 22 weeks
Maximum Weekly Benefit	\$1,155

Minimum Weekly Benefit	\$10
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.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY SHORT-TERM DISABILITY PREMIUM CALCULATION

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

BI-WEEKLY PREMIUM CALCULATION		EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>
List your weekly earnings (Maximum is \$1,925)	\$ _____	\$ <u>769.23</u>
Multiply by the premium factor	0.0088892	<u>0.0088892</u>
Your Estimated Bi-Weekly Premium**	\$ _____	\$ <u>6.84</u>

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

> Voluntary Long-Term Disability Insurance



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

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

We've Got You Covered

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

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

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

Coverage guidelines and benefits are outlined in the chart below.



ELIGIBILITY - ALL ELIGIBLE EMPLOYEES EXCLUDING HOUSING AUTHORITY AND SANDOVAL EMPLOYEES

Eligibility Requirement	You must be actively working a minimum of 20 hours per week to be eligible for coverage.
--------------------------------	--

Premium Payment	The premiums for this insurance are paid in full by you.
------------------------	--

BENEFITS

Elimination Period	Your benefits begin on the later of 180 calendar days after the onset of your disabling injury or illness or the date your short-term disability ends.
---------------------------	--

Monthly Benefit	Your benefit is equivalent to 60% of your before-tax monthly earnings, not to exceed the plan's maximum monthly benefit amount less other income sources. The premium for your long-term disability coverage is waived while you are receiving benefits.
------------------------	---

Maximum Monthly Benefit	\$5,000
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Minimum Monthly Benefit	\$100/10%
--------------------------------	-----------

Maximum Benefit Period	If you become disabled prior to age 62, benefits are payable to age 65, your Social Security Normal Retirement Age or 3.5 years, whichever is longest. At age 62 (and older), the benefit period will be based on a reduced duration schedule.
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Partial Disability Benefits	If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits. Additional benefits for family care expenses for eligible family members are also available while receiving partial disability benefits.
DEFINITIONS	
Own Occupation	2 Years
Own Occupation Earnings Test	99%
Definition of Monthly Earnings	Monthly earnings for salaried employees is the gross annual salary in effect immediately prior to the date disability begins, divided by 12. Monthly earnings for hourly employees is the hourly rate of pay multiplied by the average number of hours worked per month during the 12 month period immediately prior to the date disability begins. If employed for part of the prior 12 month period, monthly earnings is the hourly rate of pay multiplied by the average number of hours worked.
FEATURES	
Vocational Rehabilitation Benefit	If you become disabled and participate in the vocational rehabilitation program, you will be eligible for a monthly benefit increase of 5%.
Survivor Benefit	If you pass away while receiving disability benefits, a lump sum equal to 3 times your monthly benefit will be paid to your eligible survivor.
SERVICES	
Hearing Discount Program	The Hearing Discount Program provides you and your family discounted hearing products, including hearing aids and batteries. Call 1-888-534-1747 or visit www.amplifonusa.com/mutualofomaha to learn more.

VOLUNTARY LONG-TERM DISABILITY PREMIUM CALCULATION

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

BI-WEEKLY PREMIUM CALCULATION		AGE	PREMIUM FACTOR
		< 30	0.0010062
		30 - 39	0.0015600
		40 - 44	0.0020585
		45 - 49	0.0029585
		50 - 54	0.0038538
		55 - 59	0.0045969
		60+	0.0047538
EXAMPLE <i>(42-year-old employee earning \$40,000 a year)</i>			
List your monthly earnings (Maximum is \$8,333.33)	\$ _____		
			\$ 3,333.33
Multiply by the premium factor	_____		
Your Estimated Bi-Weekly Premium**	\$ _____		0.0020585
			\$ 6.86

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

CITY OF ALBUQUERQUE

FSA Rules to Remember

PLAN YEAR

July 1, 2023 - June 30, 2024

HEALTH FSA CARRY FORWARD

An employer- chosen provision allowing up to a maximum of \$610 of unused Health FSA funds to roll over into the next plan year.

RUN-OUT PERIOD

You have until September 30, 2024 to submit for expenses incurred during the plan year.

USE OR LOSE RULE

Unused Dependent Care Account balances or any amount over \$610 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 now 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: \$3,050

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: \$300

Transit Account

Use this account to pay for commuter transit expenses including trains/subways, buses, Uber Pool, Lyft Lin and Via.

Maximum monthly election amount: \$300

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 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	\$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	\$113
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	\$75
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	\$200
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	3 times death benefit
Coma	Once per accident (>168 hours within 90 days)	Up to \$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 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.

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

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

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

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.

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 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% (standard)	
Child(ren) Coverage Amount	50% of your coverage amount	
COVERED ILLNESSES	BENEFIT AMOUNTS	
CANCER CONDITIONS		
Benign Brain Tumor*	100% of coverage amount	
Invasive Cancer*	100% of coverage amount	
Non-invasive Cancer	25% 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		
Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100% of coverage amount	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	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	500% 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 ⁴ – Administrative and clinical support following serious illness or injury	

ASKED & ANSWERED

WHO IS ELIGIBLE?

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

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

CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

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

AM I GUARANTEED COVERAGE?

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

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

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.

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

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.



Legal Insurance from ARAG

Designed for City of Albuquerque



What does legal insurance cover?

With an UltimateAdvisor® legal insurance plan from ARAG®, **count on a wide range of coverage and services,** like the examples shown below — and many more — when you work with a Network Attorney to address the legal situations you may encounter in life.

Consumer Protection

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

Criminal Matters

- ✓ Juvenile
- ✓ Parental responsibility

Debt-Related Matters

- ✓ Debt collection
- ✓ Garnishments
- ✓ Personal bankruptcy
- ✓ Student loan debt

Driving Matters

- ✓ License suspension/revocation
- ✓ Traffic tickets

Tax Issues

- ✓ IRS tax audit
- ✓ IRS tax collection

Family

- ✓ Adoption
- ✓ Guardianship/conservatorship
- ✓ Name change
- ✓ Pet-related matters
- ✓ Divorce

Landlord/Tenant Issues

- ✓ Contracts/lease agreements
- ✓ Eviction
- ✓ Security deposit
- ✓ Disputes with a landlord

Real Estate & Home Ownership

- ✓ Buying a home
- ✓ Deeds
- ✓ Foreclosure
- ✓ Contractor issues
- ✓ Neighbor disputes
- ✓ Promissory notes
- ✓ Real estate disputes
- ✓ Selling a home

Wills & Estate Planning

- ✓ Powers of attorney
- ✓ Wills
- ✓ Trusts

What does it cost?

UltimateAdvisor®

- Individual: \$8.63 biweekly
- Two-Party: \$10.75 biweekly
- Family: \$11.03 biweekly

Let's talk!

For more information, call **800-247-4184** or visit **ARAGlegal.com/myinfo**, access code **16742coa**.



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 buying a home.



For the complete list of what your plan covers, visit: **ARAGlegal.com/myinfo** Access Code: **16742coa**

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

Why should you get legal insurance?



Receive **100% paid-in-full coverage** for most covered legal matters when you work with a Network Attorney.



Save an average of **\$2,100** per legal matter.*



Access to more than **13,000 attorneys** within ARAG's network with an average of 20 years of experience.



Quickly address your covered legal situations with a Network Attorney who is only a **phone call away for legal help and representation.**



Use DIY Docs® to help you create any of **350+ legally valid documents**, including state-specific templates.

How does legal insurance work?

- 1 **Call 800-247-4184** when you have a legal matter.
- 2 **Customer Care will walk you through your options** and help you find the appropriate Network Attorney.
- 3 **Meet with your Network Attorney** over the phone or in person to begin resolving your legal issue.

Reviews from plan members

"ARAG gives me the right protection and makes me feel at ease when a legal situation that I have to solve arrives. I made the right decision joining ARAG a few years ago and will keep this plan protection for many years to come."

- Clara Miami, FL



Sign up for legal insurance

Legal insurance is a part of your company's benefits that become available during open enrollment. Go to your benefits website for enrollment details. And, don't forget to get signed up for legal insurance!

Identity Theft Protection

Protecting your personal information from identity thieves is more important than ever. Identity Theft Protection will help you guard against losses related to identity theft, with services designed to track changes to your credit file, monitor whether your identity is being bought or sold online and provide full-service restoration assistance if your identity is stolen.**

* Average attorney rate in the United States of \$343 per hour for attorneys with 11 to 15 years of experience. "The Survey of Law Firm Economics: 2017 Edition." The *National Law Journal* and ALM Legal Intelligence, October 2017. Average amount saved based upon top ARAG in-office claims and the hours spent by attorneys per 2017 ARAG Claims Data. The hours spent are multiplied by the average attorney rate (less the average annual cost of an ARAG legal plan).

** Eligibility, coverage, limitations and exclusions are governed by a separate coverage document. Please see the identity theft plan summary for details.



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!



*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 GroupSelect SM 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.

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

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[®]

Start your journey: Join your plan



Join your plan using your computer, tablet, or mobile device. To enroll, or view your plan's features and investment options, scan the QR code or visit:

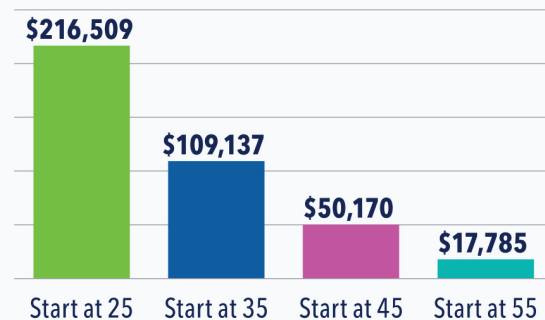
www.missionsq.org/enroll

All you need to get started is your Employer, Plan Name, or Plan State to visit your plan resource site.

How much could my account be worth at age 65?*

Saving now can help alleviate the pressure to catch up later. Starting early can give you an advantage due to compounding, in which your investments produce earnings from previous earnings.

** For illustrative purposes only. Assumes \$50 bi-weekly contributions and an effective annual return of 6%, compounded bi-weekly.*



457(b) Deferred Compensation Plan Highlights

Investment flexibility

We offer an array of innovative investment options from well-known investment companies. This provides the flexibility you might need to design a unique program tailored to your individual needs. Keep in mind that investment values will fluctuate so that your investments, when withdrawn, may be worth more or less than the original cost. Remember that investment involves risk,

including the possible loss of principal. Your financial professional can assist you in choosing the options that will match your long-term goals.

Vesting

Participants in 457(b) plans of governmental employers, including public school districts, always own 100% of the deferrals.



Larisa Holiday, MBA
Financial Advisor

2745 Dallas Parkway, Suite 480
Plano, TX 75093
Cell: (505) 331-9334
Client Care: 800.448.2542

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Dallas, TX 75093
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Eleazar.Montoya@corebridgefinancial.com

corebridgefinancial.com/retirementservices 1.800.448.2542

Important considerations before deciding to move funds either into or out of a Corebridge retirement services account

There are many things to consider. For starters, you will want to carefully review and compare your existing account and the new account, including: fees and charges; guarantees and benefits; and, any limitations under either of the accounts. Also, you will want to know whether a surrender of your current account could result in charges. Your financial professional can help you review these and other important considerations.

Investors should carefully consider the investment objectives, risks, fees, charges and expenses before investing. Read the fund prospectuses carefully before investing. The fund prospectuses contain important information, which can be obtained from your financial professional at CorebridgeFinancial.com/retirementservices or by calling 1.800.428.2542 and following the prompts.

This material is general in nature, was developed for educational use only, and is not intended to provide financial, legal, fiduciary, accounting or tax advice, nor is it intended to make any recommendations. Applicable laws and regulations are complex and subject to change. Please consult with your financial professional regarding your situation. For legal, accounting or tax advice consult the appropriate professional.

Annuities are issued by The Variable Annuity Life Insurance Company, Houston, TX. Variable annuities are distributed by AIG Capital Services, Inc., member FINRA.

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.

Corebridge Retirement Services, Corebridge Financial and Corebridge are marketing names used by these companies.



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
- ✦ Low 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

To schedule a virtual appointment with Paul, go to: <https://perasmartsave.timetap.com/> and follow the prompts.

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

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

More Education, Less Debt

With the New Mexico 529 Plan



Think you know New Mexico's 529 Education Savings Plan?

- Did you know it's not just for kids?
- Did you know it's not just for "college"?
- Did you know it covers A LOT more than tuition?
- Did you know it can be used anywhere in the country or online?
- Did you know that contributions are 100% NM state income tax-deductible?
- Did you know that relatives and friends can make gift contributions?
- Did you know that 529 plans are transferrable between family members?
- Did you know that the City of Albuquerque offers payroll deduction?

Learn more at TheEducationPlan.com and open an account online in just 15 minutes. Then contact Benefits if you're interested in making payroll-deducted contributions.



TheEducationPlan.com
A little today goes a long way



Your Financial Wellness Platform

Walk away from financial strain.

We value the health of our employees, which includes your financial wellbeing. That's why we now offer a **Financial Wellness Platform** that includes no credit check loans, personal loans, emergency savings, free online banking and more. Create your TrueConnect account today.

1

To create your account, visit trueconnectloan.com from a smartphone or personal computer.

2

Click "**Start Here**" and fill out the simple form.

3

After you create your account, **you can choose** if you want to take out a loan or access other programs.

4

All of TrueConnect's Financial Wellness Programs **are free to explore.**

The City of Albuquerque HIPAA Notice of Privacy Practices

Esta noticia es disponible en español si usted lo solicita. Por favor contacte el oficial de privacidad indicado a continuación.

Purpose of This Notice

This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

This Notice is required by law.

The City of Albuquerque's self-funded group health plan comprised of the Health Flexible Spending Account (FSA), (hereafter referred to as the "Plan"), is required by law to take reasonable steps to maintain the privacy of your personally identifiable health information (called **Protected Health Information or PHI**) and to inform you about the Plan's legal duties and privacy practices with respect to protected health information including:

1. The Plan's uses and disclosures of PHI,
2. Your rights to privacy with respect to your PHI,
3. The Plan's duties with respect to your PHI,
4. Your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services (HHS),
5. The person or office you should contact for further information about the Plan's privacy practices,
6. To notify affected individuals following a breach of unsecured protected health information.

PHI use and disclosure by the Plan is regulated by the Federal law, Health Insurance Portability and Accountability Act, commonly called HIPAA. You may find these rules in 45 *Code of Federal Regulations* Parts 160 and 164. This Notice attempts to summarize key points in the regulation. The regulations will supersede this Notice if there is any discrepancy between the information in this Notice and the regulations. The Plan will abide by the terms of the Notice currently in effect. The Plan reserves the right to change the terms of this Notice and to make the new Notice provisions effective for all PHI it maintains.

You may also receive a Privacy Notice from companies who offer insured health care services to the City of Albuquerque employees and their dependents. Each of these notices will describe your rights as it pertains to that plan and in compliance with the Federal regulation, HIPAA. This Privacy Notice however, pertains to your protected health information related to the City of Albuquerque's self-funded group health plan comprised of the Health Flexible Spending Account (FSA), and outside companies contracted to help administer Plan benefits, also called "business associates."

Effective Date

The effective date of this Notice is **September 3, 2013**.

Privacy Officer

The Plan has designated a Privacy Officer to oversee the administration of privacy by the Plan and to receive complaints. The Privacy Officer may be contacted at:

Privacy Officer for the City of Albuquerque
Attn: Insurance Coordinator
400 Marquette, PO Box 1293 Room 702
Albuquerque, NM 87103
Telephone: (505) 768-3758 Secure fax: (505) 768-3760

Your Protected Health Information

The term “**Protected Health Information**” (PHI) includes all information related to your past, present or future health condition(s) that individually identifies you or could reasonably be used to identify you and is transferred to another entity or maintained by the Plan in oral, written, electronic or any other form.

PHI does not include health information contained in employment records held by your employer in its role as an employer, including but not limited to health information on disability, work-related illness/injury, sick leave, Family or Medical Leave (FMLA), life insurance, dependent care flexible spending account, drug testing, etc.

When the Plan May Disclose Your PHI

Under the law, the Plan may disclose your PHI without your written authorization in the following cases:

- **At your request.** If you request it, the Plan is required to give you access to your PHI in order to inspect it and copy it.
- **As required by an agency of the government.** The Secretary of the Department of Health and Human Services may require the disclosure of your PHI to investigate or determine the Plan’s compliance with the privacy regulations.
- **For treatment, payment or health care operations.** The Plan and its business associates will use your PHI (except psychotherapy notes in certain instances as described below) without your consent, authorization or opportunity to agree or object in order to carry out treatment, payment, or health care operations.

The Plan does not need your consent or authorization to release your PHI when you request it, a government agency requires it, or the Plan uses it for treatment, payment or health care operations.

The Plan Sponsor has **amended its Plan documents** to protect your PHI as required by Federal law. The Plan may disclose PHI to the Plan Sponsor for purposes of treatment, payment and health care operations in accordance with the Plan amendment. The Plan may disclose PHI to the Plan Sponsor for review of your appeal of a benefit or for other reasons related to the administration of the Plan.

Definitions and Examples of Treatment, Payment and Health Care Operations	
Treatment is health care.	Treatment is the provision, coordination or management of health care and related services. It also includes but is not limited to coordination of benefits with a third party and consultations and referrals between one or more of your health care providers. <ul style="list-style-type: none"> • For example: The Plan discloses to a treating specialist the name of your treating primary care physician so the two can confer regarding your treatment plan.
Payment is paying claims for health care and related activities.	Payment includes but is not limited to making payment for the provision of health care, determination of eligibility, claims management, and utilization review activities such as the assessment of medical necessity and appropriateness of care. <ul style="list-style-type: none"> • For example: The Plan tells your doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan. If we contract with third parties to help us with payment, such as a claims payer, we will disclose pertinent information to them. These third parties are known as “business associates.”
Health Care Operations keep the Plan operating soundly.	Health care operations includes but is not limited to quality assessment and improvement, patient safety activities, business planning and development, reviewing competence or qualifications of health care professionals, underwriting, enrollment, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs and general administrative activities. <ul style="list-style-type: none"> • For example: The Plan uses information about your medical claims submitted to the Health FSA plan to project future administrative costs or to audit the accuracy of its FSA claims processing functions.

When the Disclosure of Your PHI Requires Your Written Authorization

Generally, the Plan will require that you sign a valid authorization form in order to use or disclose your PHI **other than:**

- When you request your own PHI
- A government agency requires it, or
- The Plan uses it for treatment, payment or health care operation.

You have the right to revoke an authorization.

Although the Plan does not routinely obtain psychotherapy notes, generally, an authorization will be required by the Plan before the Plan will use or disclose psychotherapy notes about you. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counseling session. They do not include summary information about your mental health treatment. However, the Plan may use and disclose such notes when needed by the Plan to defend itself against litigation filed by you.

The Plan generally will require an authorization form for uses and disclosure of your PHI for marketing purposes (meaning a communication that encourages you to purchase or use a product or service) if the Plan receives direct or indirect financial remuneration (payment) from the entity whose product or service is being marketed. The Plan generally will require an authorization form for the sale of protected health information if the Plan receives direct or indirect financial remuneration (payment) from the entity to whom the PHI is sold. The Plan does not intend to engage in fundraising activities.

Use or Disclosure of Your PHI Where You Will Be Given an Opportunity to Agree or Disagree Before the Use or Release

Disclosure of your PHI to family members, other relatives and your close personal friends without your written consent or authorization is allowed if:

- The information is directly relevant to the family or friend's involvement with your care or payment for that care, and
- You have either agreed to the disclosure or have been given an opportunity to object and have not objected.

Under this Plan your PHI will automatically be disclosed to internal employer departments as outlined below. If you disagree with this automatic disclosure by the Plan you may contact the Privacy Officer to request that such disclosure not occur without your written authorization:

- In the event of your death while you are covered by this Plan, when the Plan is notified it will automatically communicate this information to the following internal departments and contracted vendors: payroll, life insurance, and contracted 457 vendors.
- In the event the Plan is notified of a work-related illness or injury, the Plan will automatically communicate this information to the Worker's Compensation Coordinator of the Risk Management Division to allow the processing of appropriate paperwork.
- In the event the Plan is notified of a situation where it may be possible to initiate a medical leave under the Family and Medical Leave Act (FMLA) benefit, the Plan will automatically communicate this information to the FMLA Coordinator of the Human Resources Department to allow the processing of appropriate FMLA paperwork.

Note that PHI obtained by the Plan Sponsor's employees through Plan administration activities will NOT be used for employment related decisions.

Use or Disclosure of Your PHI Where Consent, Authorization or Opportunity to Object Is Not Required

In general, the Plan does not need your written authorization to release your PHI if required by law or for public health and safety purposes. The Plan and its Business Associates are allowed to use and disclose your PHI **without** your written authorization (in compliance with section 164.512) under the following circumstances:

1. When ***required by law***.
2. When permitted for ***purposes of public health activities***. This includes reporting product defects, permitting product recalls and conducting post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.
3. To a school about an individual who is a student or prospective student of the school if the protected health information this is disclosed is limited to ***proof of immunization***, the school is required by State or other law to have such proof of immunization prior to admitting the individual and the covered entity obtains and documents the agreements to this disclosure from either a parent, guardian or other person acting in loco parentis of the individual, if the individual is an unemancipated minor; or the individual, if the individual is an adult or emancipated.
4. When authorized by law to report information about ***abuse, neglect or domestic violence*** to public authorities if a reasonable belief exists that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representatives, although

there may be circumstances under Federal or state law when the parents or other representatives may not be given access to the minor's PHI.

5. To a public health oversight agency for ***oversight activities authorized by law***. These activities include civil, administrative or criminal investigations, inspections, licensure or disciplinary actions (for example, to investigate complaints against providers) and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).
6. When required ***for judicial or administrative proceedings***. For example, your PHI may be disclosed in response to a subpoena or discovery request, provided certain conditions are met, including that:
 - the requesting party must give the Plan satisfactory assurances a good faith attempt has been made to provide you with written Notice, and
 - the Notice provided sufficient information about the proceeding to permit you to raise an objection, and
 - no objections were raised or were resolved in favor of disclosure by the court or tribunal.
7. When required for ***law enforcement health purposes*** (for example, to report certain types of wounds).
8. For ***law enforcement purposes*** if the law enforcement official represents that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and the Plan in its best judgment determines that disclosure is in the best interest of the individual. Law enforcement purposes include:
 - identifying or locating a suspect, fugitive, material witness or missing person, and
 - disclosing information about an individual who is or is suspected to be a victim of a crime.
9. When required to be given ***to a coroner or medical examiner*** to identify a deceased person, determine a cause of death or other authorized duties. When required to be given ***to funeral directors*** to carry out their duties with respect to the decedent; for use and disclosures for cadaveric ***organ, eye or tissue donation*** purposes.
10. For ***research***, subject to certain conditions.
11. When, consistent with applicable law and standards of ethical conduct, the Plan in good faith believes the use or disclosure is necessary to prevent or lessen a serious and ***imminent threat to the health or safety*** of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.
12. When authorized by and to the extent necessary to comply with ***workers' compensation*** or other similar programs established by law.
13. When required, for ***specialized government functions***, to military authorities under certain circumstances, or to authorized Federal officials for lawful intelligence, counter intelligence and other national security activities.

Any other Plan uses and disclosures not described in this Notice will be made only if you provide the Plan with written authorization, subject to your right to revoke your authorization, and information used and disclosed will be made in compliance with the minimum necessary standards of the regulation.

Your Individual Privacy Rights

A. You May Request Restrictions on PHI Uses and Disclosures

You may request the Plan to restrict the uses and disclosures of your PHI:

- To carry out treatment, payment or health care operations, or
- To family members, relatives, friends or other persons identified by you who are involved in your care.

The Plan, however, is not required to agree to your request if the Plan Administrator or Privacy Officer determines it to be unreasonable, for example, if it would interfere with the Plan's ability to pay a claim.

The Plan will accommodate an individual's reasonable request to receive communications of PHI by alternative means or at alternative locations where the request includes a statement that disclosure could endanger the individual. You or your personal representative will be required to complete a form to request restrictions on the uses and disclosures of your PHI. To make such a request contact the Privacy Officer at their address listed on the first page of this Notice.

B. You May Inspect and Copy Your PHI

You have the right to inspect and obtain a copy (in hard copy or electronic form) of your PHI (except psychotherapy notes and information compiled in reasonable contemplation of an administrative action or proceeding) contained in a "designated record set," for as long as the Plan maintains the PHI. You may request your hard copy or electronic information in a format that is convenient for you, and the Plan will honor that request to the extent possible. You may also request a summary of your PHI.

A **Designated Record Set** includes your medical records and billing records that are maintained by or for a covered health care provider. Records include enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan or other information used in whole or in part by or for the covered entity to make decisions about you. Information used for quality control or peer review analyses and not used to make decisions about you is not included in the designated record set.

The Plan must provide the requested information within 30 days of its receipt of the request, if the information is maintained onsite or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline and notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information.

You or your personal representative will be required to complete a form to request access to the PHI in your Designated Record Set. Requests for access to your PHI should be made to the Plan's Privacy Officer at their address listed on the first page of this Notice. You may be charged a reasonable cost-based fee for creating or copying the PHI or preparing a summary of your PHI.

If access is denied, you or your personal representative will be provided with a written denial describing the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Plan's Privacy Officer or the Secretary of the U.S. Department of Health and Human Services.

C. *You Have the Right to Amend Your PHI*

You or your Personal Representative have the right to request that the Plan amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. The Plan has 60 days after receiving your request to act on it. The Plan is allowed a single 30-day extension if the Plan is unable to comply with the 60-day deadline (provided that the Plan notifies you in writing in advance of the reasons for the delay and the date by which the Plan will provide the requested information).

If the Plan denied your request in whole or part, the Plan must provide you with a written denial that explains the basis for the decision. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI. You should make your request to amend PHI to the Privacy Officer at their address listed on the first page of this Notice.

You or your personal representative may be required to complete a form to request amendment of your PHI. Forms are available from the Privacy Officer at their address listed on the first page of this Notice.

D. *You Have the Right to Receive an Accounting of the Plan's PHI Disclosures*

At your request, the Plan will also provide you with an accounting of disclosures by the Plan of your PHI during the six years (or shorter period if requested) before the date of your request. The Plan will not provide you with an accounting of disclosures related to treatment, payment, or health care operations, or disclosures made to you or authorized by you in writing. The Plan has 60 days after its receipt of your request to provide the accounting. The Plan is allowed an additional 30 days if the Plan gives you a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, the Plan will charge a reasonable, cost-based fee for each subsequent accounting.

E. *You have the Right to Request that PHI be Transmitted to You Confidentially*

The Plan will permit and accommodate your reasonable request to have PHI sent to you by alternative means or to an alternative location (such as mailing PHI to a different address or allowing you to personally pick up the PHI that would otherwise be mailed), if you provide a written request to the Plan that the disclosure of PHI to your usual location could endanger you. If you believe you have this situation, you should contact the Plan's Privacy Officer to discuss your request for confidential PHI transmission.

F. *You Have the Right to Receive a Paper or Electronic Copy of This Notice Upon Request*

To obtain a paper or electronic copy of this Notice, contact the Plan's Privacy Officer at their address listed on the first page of this Notice. This right applies even if you have agreed to receive the Notice electronically.

G. *Breach Notification*

If a breach of your unsecured protected health information occurs, the Plan will notify you.

Your Personal Representative

You may exercise your rights to your protected health information (PHI) by designating a person to act as your Personal Representative. Your Personal Representative will generally be required to produce evidence (proof) of the authority to act on your behalf **before** the Personal Representative will be given access to your PHI or be allowed to take any action for you. Under this Plan, proof of such authority will include (1) a completed, signed and approved Appoint a Personal Representative

form; (2) a notarized power of attorney for health care purposes; (3) a court-appointed conservator or guardian; or, (4) for a Spouse under this Plan, the absence of a Revoke a Personal Representative form on file with the Privacy Officer.

This Plan will automatically recognize your legal Spouse as your Personal Representative and vice versa, without you having to complete a form to Appoint a Personal Representative. However, you may request that the Plan **not automatically** honor your legal Spouse as your Personal Representative by completing a form to Revoke a Personal Representative (copy attached to this notice or also available from the Privacy Officer). **If you wish to revoke your Spouse as your Personal Representative, please complete the Revoke a Personal Representative form and return it to the Privacy Officer and this will mean that this Plan will NOT automatically recognize your Spouse as your Personal Representative and vice versa.**

The recognition of your Spouse as your Personal Representative (and vice versa) is for the use and disclosure of PHI under this Plan and is not intended to expand such designation beyond what is necessary for this Plan to comply with HIPAA privacy regulations.

You may obtain a form to Appoint a Personal Representative or Revoke a Personal Representative by contacting the Privacy Officer at their address listed on this Notice. The Plan retains discretion to deny access to your PHI to a Personal Representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect.

Because HIPAA regulations give adults certain rights and generally children age 18 and older are adults, if you have **dependent children age 18 and older** covered under the Plan, and the child wants you, as the parent(s), to be able to access their protected health information (PHI), that child will need to complete a form to Appoint a Personal Representative to designate you (the employee/retiree) and/or your Spouse as their Personal Representatives.

The Plan will consider a parent, guardian, or other person acting *in loco parentis* as the Personal Representative of an unemancipated minor (a child generally under age 18) unless the applicable law requires otherwise. **In loco parentis** may be further defined by state law, but in general it refers to a person who has been treated as a parent by the child and who has formed a meaningful parental relationship with the child for a substantial period of time. Spouses and unemancipated minors may, however, request that the Plan restrict PHI that goes to family members as described above under the section titled “Your Individual Privacy Rights.”

The Plan’s Duties

The Plan is required by law to maintain the privacy of your PHI and to provide you and your eligible dependents with Notice of its legal duties and privacy practices. The Plan is required to comply with the terms of this Notice. However, the Plan reserves the right to change its privacy practices and the terms of this Notice and to apply the changes to any PHI maintained by the Plan. In addition, the Plan may not (and does not) use your genetic information that is PHI for underwriting purposes.

Notice Distribution: The Notice will be provided to each person when they initially enroll for benefits in the Plan (the Notice is provided during the New Employee Orientation and in the Employee Benefit Handbook. The Notice is also available on the Plan’s website at: <http://www.cabq.gov/humanresources/employee-benefits>. The Notice will also be provided upon request. Once every three years the Plan will notify the individuals then covered by the Plan where to obtain a copy of the Notice. This Plan will satisfy the requirements of the HIPAA regulation by providing the Notice to the named insured (covered employee) of the Plan; however, you are encouraged to share this Notice with other family members covered under the Plan.

Notice Revisions: If a privacy practice of this Plan is changed affecting this Notice, a revised version of this Notice will be provided to you and all participants covered by the Plan at the time of the change. Any revised version of the Notice will be distributed within 60 days of the effective date of a material change to the uses and disclosures of PHI, your individual rights, the duties of the Plan or other privacy practices stated in this Notice. Material changes are changes to the uses and disclosures of PHI, an individual’s rights, the duties of the Plan or other privacy practices stated in the Privacy Notice.

Because our health plan posts its Notice on its web site, we will prominently post the revised Notice on that web site by the effective date of the material change to the Notice. We will also provide the revised notice, or information about the material change and how to obtain the revised Notice, in our next annual mailing to individuals covered by the Plan.

Disclosing Only the Minimum Necessary Protected Health Information

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations. However, the minimum necessary standard will not apply in the following situations:

- Disclosures to or requests by a health care provider for treatment,
- Uses or disclosures made to you,
- Disclosures made to the Secretary of the U.S. Department of Health and Human Services in accordance with their enforcement activities under HIPAA,
- Uses of disclosures required by law, and
- Uses of disclosures required for the Plan's compliance with the HIPAA privacy regulations.

This Notice does not apply to information that has been de-identified. **De-identified information** is information that does not identify you and there is no reasonable basis to believe that the information can be used to identify you.

As described in the amended Plan document, the Plan may share PHI with the Plan Sponsor for limited administrative purposes, such as determining claims and appeals, performing quality assurance functions and auditing and monitoring the Plan. The Plan shares the minimum information necessary to accomplish these purposes.

In addition, the Plan may use or disclose "summary health information" to the Plan Sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan. **Summary health information** means information that summarizes claims history, claims expenses or type of claims experienced by individuals for whom the Plan Sponsor has provided health benefits under a group health plan. Identifying information will be deleted from summary health information, in accordance with HIPAA.

Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may file a complaint with the Plan in care of the Plan's Privacy Officer, at the address listed on the first page of this Notice. Neither your employer nor the Plan will retaliate against you for filing a complaint.

You may also file a complaint (within 180 days of the date you know or should have known about an act or omission) with the Secretary of the U.S. Department of Health and Human Services by contacting their nearest office as listed in your telephone directory or at this website (<http://www.hhs.gov/ocr/office/about/rgn-hqaddresses.html>) or this website: <http://www.hhs.gov/ocr/privacy/hipaa/complaints/index.html> or contact the Privacy Officer for more information about how to file a complaint.

If You Need More Information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the Plan's Privacy Officer at the address listed on the first page of this Notice.

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The City of Albuquerque
Form to Revoke a Personal Representative

Complete the following chart to indicate the name of the Personal Representative to be revoked:

	Plan Participant	Person to be Revoked as my Personal Representative
Name (print):		
Address (City, State, Zip):		
Phone:	()	()

I, _____ (Name of Participant or Beneficiary)
 hereby revoke the authority of _____ (Name of Personal
 Representative)

to act on my behalf,

to act on behalf of my dependent child(ren), named:

_____,
 in receiving any protected health information (PHI) that is (or would be) provided to a personal representative,
 including any individual rights regarding PHI under HIPAA, effective _____,
 20____.

I understand that PHI has or may already have been disclosed to the above named Personal Representative prior
to the effective date of this form.

 Participant or Beneficiary's Signature

 Date

Once completed, please return this form to the:
Privacy Officer for the City of Albuquerque
 Attn: Insurance Coordinator
 400 Marquette, PO Box 1293 Room 702
 Albuquerque, NM 87103
 Telephone: (505) 768-3758 Secure fax: (505) 768-3760

Employer

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

Benefit Vendors

Product	Company Name	Group Number	Contact Information
Medical	Presbyterian Health Plan	GRA0000032-01	505-923-7787 855-261-7737 www.phs.org/cabq
BetterHealth Clinic Mobile Health Center Customer Service email			505-510-5999 505-220-6562 cabqinquiry@phs.org
Prescriptions	Optum Rx	CABQ	Dedicated Number: 800-372-8563 Specialty Number: 877-838-2907
Dental	Delta Dental of New Mexico	2517	505-855-7111 877-395-9420 www.deltadentalnm.com
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	(202) 759-7214 or (202) 759-7048
Deferred Compensation IRC 457	Corebridge Financial	56737	Larisa Holiday (505) 331-9334 Larisa.Holiday@aig.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



Timothy M. Keller, Mayor

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