

Employee Benefits Guide

2021



Welcome

Just as UNM Hospitals is committed to providing top quality health care services to our customers, UNM Hospitals is also committed to providing a comprehensive benefits program to our employees. Our benefits program reflects that UNM Hospital's commitment...blending a core level of protection with a variety of optional benefit choices. Some benefits are provided at no cost to you. You can then add to that core level of protection by choosing additional benefits that fit your own personal situation. UNM Hospitals also provides retirement savings plans which help you reach your own personal capital accumulation goals.

Your benefits needs are as unique and individual as the life you lead, and they probably will change over time. UNM Hospital's benefits respond to your personal needs...both for this year and in the years to come...because the UNM Hospitals benefits program is flexible. Each year, as your needs change, you can put together a new package of benefits.

This guide gives you an overview of the benefits available to you as an employee, outlines the options available to you and your family, and explains how to enroll.

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“I wanted to become a part of an organization that gives back. UNMH offers a variety of resources to the community while focusing on patient care and educational programs.”

Kristin, Talent Acquisition

■ Your Benefits Enrollment

You have 31 days from your date of hire or first date of benefits eligibility to enroll in the following benefits:

- Medical and Prescription Drug Coverage
- Vision Care Coverage
- Voluntary Supplemental Life Insurance
- Dependent Care Flexible Spending Account
- Accident Insurance
- Washington National Insurance
- Dental Coverage
- Long-Term Disability (LTD)
- Health Flexible Spending Account (FSA)
- Legal Shield
- Basic Life Insurance and AD&D

Benefits are effective the first day of the month after your date of hire or first eligibility date, with the exception of long-term disability, which is effective 1 year after your date of hire or first eligibility date.

■ Who is Eligible for Coverage?

- You – Full-Time (.75 to 1.0 FTE) or Part-Time (.50 to .70 FTE) Employee.
- Your spouse – Legal Spouse.
- Your registered domestic partner – must complete a UNMH Affidavit. See Policy HR-135.
- Your children under age 26 by birth, adoption, foster placement or legal guardianship, including eligible children of your spouse or domestic partner.
- Your disabled child(ren) age 26 and over, including eligible disabled child(ren) of your spouse or domestic partner.

■ When Can You Make Changes?

Only with a qualifying life event or during open enrollment.

You may only change benefit elections during open enrollment or when a qualifying life event occurs. If a qualifying event does occur, you must change benefits coverage within 31 days of the event. Some examples of qualifying life events are as follows:

- Marriage, divorce or domestic partner relationship termination
- Birth or adoption of a child
- Death of a spouse, domestic partner, or child
- Child no longer qualifies for plan (e.g. turns 26 years old)
- Change in your employment status
(full-time to part-time or part-time to full-time)
- Change in spouse or domestic partner's employment status, which results in gaining/losing health care coverage

It is your responsibility to report any changes in your status or your dependents on/or within the 31 days immediately following the event. You are also required to submit supporting documentation within 31 days from the date of the event.



“ I’m getting tuition reimbursement and other resources here to grow my future. And my administrators and supervisors are also leading me in that direction.”

Joshua, Charge Transporter

Medical Insurance

Our Medical plan provider is Blue Cross Blue Shield of New Mexico.

Medical Card?

You will receive your medical card within 2-3 weeks from the date you enroll in your benefits.

	Standard Plan – Lobocare		Consumer Driven Health Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible				
Individual	\$600	\$1,800	\$1,600	\$3,200
Family	\$1,200	\$3,600	\$3,200	\$7,200
Annual Out of Pocket Maximum				
Individual	\$5,000	\$10,000	\$5,000	\$10,000
Family	\$10,000		\$10,000	
Prescription Drug	\$1,500/ \$3,000		Combined with Medical	
Professional Services				
Primary Care	\$35 Copay/visit	40%*	20%*	40%*
Specialty Visit	\$45 Copay/visit	40%*	20%*	40%*
Preventive Care	Covered at 100%	40%*	Covered at 100%	40%*
Emergency Medical Care				
Urgent Care	\$75 Copay UNM* \$100 Copay Non-UNM*	40%*	20%*	40%*
Emergency Room	\$300 Copay/visit after deductible		20%*	40%*

*After deductible.

Health Plan Premiums per Pay Period (24/Year)

	Standard Plan – Lobocare		Consumer Driven Health Plan	
Coverage Type	Employee Cost Full Time	Employee Cost Part Time	Employee Cost Full Time	Employee Cost Part Time
Employee Only	\$0.00	\$66.00	\$0.00	\$60.00
Employee+Child(ren)	\$204.50	\$270.50	\$150.00	\$210.00
Employee+Spouse/DP	\$391.50	\$457.50	\$318.50	\$378.50
Employee + Family	\$425.50	\$491.50	\$349.00	\$409.00

Finding a PCP

We encourage all new employees to select a primary care provider in our network before you need one! You may call our PCP hotline at (505)272-1111 and they will help you find a PCP who best meets your needs. We have 13 primary care clinics located throughout Albuquerque and Rio Rancho, 3 clinics are just for children and the other 10 serve both children and adults.

LoboCare Clinic

UNMH is proud to offer our LoboCare clinic exclusively for employees and their dependents when they are sick and need quick access to care. This clinic provides same day or next day appointments. LoboCare is not a primary care clinic. LoboCare is conveniently located in Medical Arts and can be accessed by calling our LoboCare Hotline (505) 272-8481.

Dental Insurance

Our Dental plan provider is Delta Dental of New Mexico

Dental Card?

You will not receive a dental card. Your Social Security number is your member enrollment number.

Delta Dental PPO Plan

	Delta Dental PPO Dentist		Delta Dental Premier Dentist		Non-Participating Dentist*	
Diagnostic and Preventative Services – No Deductible Covered Oral Exams & Cleanings (2 per Calendar Year), X-rays, Fluoride Application, Emergency Treatment, Sealants, Space Maintainers and Diagnostic Casts.						
	Delta Pays 100%	You Pay 0%	Delta Pays 100%	You Pay 0%	Delta Pays 100%	You Pay 0%
Basic Services** Fillings, Stainless Steel Crowns, Extractions, Oral Surgery, Root Canals, Periodontics (surgical or non-surgical), and General Anesthesia						
	Delta Pays 80%	You Pay 20%	Delta Pays 80%	You Pay 20%	Delta Pays 80%	You Pay 20%
Major Services** Onlays, Crowns, Bridges, Partials or Complete Dentures, Specified Implant Procedures						
	Delta Pays 50%	You Pay 50%	Delta Pays 50%	You Pay 50%	Delta Pays 50%	You Pay 50%
Orthodontic Services						
	Delta Pays 50%*	You Pay 50%	Delta Pays 50%*	You Pay 50%	Delta Pays 50%*	You Pay 50%
* Lifetime limit of \$1,000 per enrollee.						

** \$50/\$150 deductible applies

Maximum benefit amount is \$1,200 per enrolled person per calendar year.

Delta Dental Plan Premiums per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST Full-Time	EMPLOYEE COST Part-Time
Employee	\$ 0.00	\$ 6.10
Employee + 1	\$ 17.50	\$ 23.60
Employee +2 or more	\$ 33.50	\$ 39.60
Full-Time = 0.75 to 1.0 FTE Status Part-Time = 0.5 to 0.7 FTE Status		

■ Vision Insurance

Our Vision plan provider is **Vision Service Plan, VSP**.

■ Vision Card?

You will not receive a vision card. Your Social Security number is your member enrollment number.

VSP Vision Plan

Benefit	Description	Copay	Frequency
WellVision Exam	Focuses on your eyes and overall wellness	\$ 10	Every 12 Months
Prescription Glasses		\$ 10	
Frame	\$150 allowance	Included with glasses	Every 24 Months
Lenses	Single vision, lined bifocal, and lined trifocal	Included with glasses	Every 12 Months
Lens Enhancements	Standard Progressive	\$ 0	Every 12 Months
	Premium Progressive	\$ 95-\$ 105	Every 12 Months
	Custom Progressive	\$ 150-\$ 175	Every 12 Months
Contacts (Instead of Glasses)	\$130 allowance	Up to \$ 60	Every 12 Months

VSP Vision Insurance Plan Premiums per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST
Employee	\$3.16
Employee + 1	\$6.12
Employee + 2 or more	\$9.97

■ Long-Term Disability Coverage

The Standard Life Insurance Company provides our Long-Term Disability (LTD)

UNM Hospitals provides Long-Term Disability (LTD) coverage at no cost to you. The LTD Plan provides 60% of your base monthly pay, to a maximum of \$10,000 per month. Benefits under this plan are coordinated with any other source of disability benefits you may be eligible to receive (such as Social Security or Workers' Compensation). The duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disabled. LTD is effective the first month following one year in a benefits eligible status.

■ Life Insurance and AD&D

The Standard Life Insurance Company provides our life insurance and Accidental Death and Dismemberment (AD&D).

Company Paid Basic Life Insurance and AD&D

UNM Hospitals provides 1x your annual salary in Basic Life Insurance coverage. If you are in an Accidental Death under the terms of AD&D, the benefit is 2x your annual salary. The coverage is at no cost to you.

Voluntary Supplemental Life Insurance

Employee:

- \$10,000 - \$250,000 or 5x annual salary, whichever is less is available guaranteed issue
- \$260,000 - \$500,000 available after completing an Evidence of Insurability form
- You can increase in increments of \$10,000

Spouse/Domestic Partner:

- \$10,000 – \$100,000 available guaranteed issue
- \$110,000 - \$250,000 available after completing an Evidence of Insurability form
- You can increase in increments of \$10,000

Child:

- \$10,000

Beneficiary Designation

UNMH recommends reviewing your beneficiary once a year or if you have a qualifying life event.

Recommendations	Select an individual over the age of 18 who has your best financial interest.
Primary	An individual who will receive the death benefit.
Contingent	Only receives the death benefit if Primary beneficiary is deceased.

To enroll into Voluntary Supplemental Life or to update your beneficiary visit: <https://standard.benselect.com/unmh>

Username: Your full Social Security number

PIN: Last four digits of your Social Security number and the last two digits of your birth year

■ Group Accident Insurance

The Standard Life Insurance Company provides our Group Accident Insurance.

Accident insurance is an affordable way to make sure you can cover the gap between what your medical insurance covers and what you would owe out of pocket if you or a covered family member were ever injured. Premium payments are deducted directly from your paycheck. Enroll online at bit.ly/31goW9X.

Group Accident Insurance Plan Premiums per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST
Employee	\$4.71
Employee + Spouse	\$7.48
Employee + Child(ren)	\$8.89
Employee + Family	\$13.93

■ Flexible Spending Accounts (FSA)

McGriff Insurance Services administers our Flexible Spending Accounts.

Health Care FSA

To participate in the Health Care FSA, you determine the annual amount that you wish to contribute up to a maximum limit of \$2,750 per year. That total is divided by 24 pay periods in the plan year and deducted from your check on a pre-tax basis. You can contribute a minimum of \$5.00 per pay period and a maximum of \$114.58 per pay period.

Estimate your FSA expenses carefully! Any money you do not use will be forfeited.

You may not enroll in a Health Care FSA if you enroll in the Consumer Drive Health Plan.

Dependent Day Care FSA

Dependent Day Care Flexible Spending Accounts allow contributions up to a maximum of \$5,000 (maximum of \$2,500 for married filing separately) per plan year. To participate in the Dependent Day Care FSA, you determine the annual amount that you wish to contribute up to the maximum limit per year. That total is divided by 24 pay periods in the plan year and deducted from your check on a pre-tax basis.

■ Health Savings Account

McGriff Insurance Services administers our Health Savings Account.

A Health Savings Account (HSA) is a great way to save money tax-free for eligible healthcare expenses. Unlike a Flexible Spending Account, if HSA funds are not spent, they will carry over and accumulate year-to-year.

If you enroll in the Consumer Driven Health Plan, you will be automatically enrolled in the HSA with an employer contribution of \$250 for individual enrollment or \$500 for family enrollment. Employer contributions will be divided in equal amounts and deposited per pay period (24 pay periods) into your HSA account.

You are eligible to contribute an additional amount through payroll deduction during the year. The 2020 funding limits are:

- \$3,600 for single coverage
- \$7,200 for family coverage
- \$1,000 additional catch-up contribution for individuals over age 55

You can only enroll in an HSA if you are enrolled in the Consumer Driven Health Plan (CDHP)

***Members enrolled in Medicaid, Medicare or
Tricare/Champus are not eligible to participate in a Health
Savings Account.**



“ It’s great to be in a place that’s transforming all the time. We’re always asking how we can do this better, and this better, and this better. ”

Ronnie, Food and Nutrition Manager

■ Retirement Plans

Our retirement plan is administered by **Fidelity**.

Although your retirement may be decades away, planning for a successful retirement should begin early in your working career. Many people do not realize that Social Security will not provide a sufficient income when they retire. In fact, Social Security currently provides only about 25% - 40% of the retirement income the average American needs.

Your retirement plan has two components:

1. UNM Hospitals offers a retirement matching program with an employer base contribution. UNM Hospitals begins contributing a base contribution of 2% and will match up to an additional 4% of your bi-weekly earnings into your 403(b) pre-tax plan once you have completed one year in a benefits eligible position. Once you have completed five years of service you are 100% vested in the UNM Hospitals contributions.
2. You may also contribute to the retirement plan through convenient payroll deductions. You have two contribution options:
 - a. 403(b) Contribution can be made pre-tax and/or Roth (after-tax)
 - b. 457(b) Contribution can be made pre-tax and/or Roth (after-tax)

Access to your Fidelity Account

You may access your account information at www.netbenefits.com or by contacting customer service toll free number: **1-800-343-0860**.

For account information, changing your investments and other transactions contact the local Fidelity representative:

Appointments:
<https://getguidance.fidelity.com>

Retirement Plans At-A-Glance

Eligibility	Eligible on the first of the month following your date of hire.
Participation	You will automatically be enrolled in the plan with a 4% contribution unless you opt out.
Savings Amount	In general, you may contribute a percentage of your pay in whole percentages up to 99% of your eligible earnings. You can participate in only one plan or in both plans. The amount you can save is set by the IRS regulation. In 2021, you can save up to \$19,500 in the 403(b) and in the 457(b). If you will be age 50 or older at any time in 2021, you can defer up to an additional \$6,500 in the 403(b) plan.
Pre-Tax Contributions	When you contribute to the plan with pre-tax dollars, you do not pay federal income on that money, or its investment returns, until you take it out of your account.
After-Tax (Roth) Contributions	If you contribute with after-tax dollars, you do pay taxes at the time of saving, but savings and investment earnings are not taxed at the time of distribution.
Investment Choices	You have a wide range of investment funds from which to choose. Each fund is designed with specific investment objectives. Your enrollment materials offer more details on your fund choices.
See the Summary Plan Description on the UNM Hospitals Intranet at Human Resources, Departments, Benefits, Retirement	

■ Supplemental Health Plan

Washington National offers supplementation health insurance coverage to all UNM Hospital employees. These include Cancer, Heart & Stroke, Critical Illness and ICU coverage. You can choose Individual, Couple or Family coverages depending on your situation.

How to Apply

To apply for coverage, you must contact **Anthony “Tony” Stephens** at **(817) 825-7518** or at anthony.stephens2@pmagent.com.

Once approved, UNM Hospitals will be notified of payroll deduction amounts.

- **Cancer/ICU** – Covers Cancer diagnoses, surgery, chemotherapy & radiation and travel if needed.
- **Heart & Stroke** – Covers you in the event of a Heart Attack or Stroke. First occurrence, surgical, hospitalization and even heart transplant benefits up to \$100,000.
- **Active Care** – Cancer, Heart & Stroke or Critical Illness coverages. Lump sum payouts up to \$100,000 upon diagnoses of Cancer or a Heart & Stroke event.

All benefits are paid directly to you or whomever you choose in order to pay your medical bills (co-pays, deductibles or benefit limitations) or your personal bills such as your rent or mortgage, car note or any other bills you choose.

Return of Premium

Washington National does not spend money on commercials or a spokesperson. We do something better! Every 20 years or age 75 you get your premiums back minus any claims. To date we have paid back over \$3.3 Billion to our clients through our Return of Premium feature. That means you have protection for today and money for tomorrow!

- We have plans for every budget that we can tailor to your specific needs and family unit.
- Washington National insurance premiums are per pay period (24/Year). Your coverage is guaranteed and you will not be singled out for a rate increase due to your age or condition.
- Your policy is portable so it can travel with you through a career change or eventually retirement.



■ Legal Plan Services

You never know what is around the corner, but you can be confident that you will be ready for whatever comes your way. LegalShield and IDShield look out for you so you can get back to living life. Contact **Joan Buckner**, Independent Representative at [\(505\) 401-7733](tel:5054017733) for more information.

LegalShield is a pre-paid legal service for individuals, families, and businesses. For a low monthly rate, you get comprehensive legal coverage from an entire law firm of professionals. They can help you with a variety of issues and provide advice whenever you need it.

IDShield is a comprehensive identity theft protection service that monitors the information that matters, offers unlimited consultation on how to protect your information, and provides complete restoration by licensed private investigators if your identity is compromised.

LegalShield Plan Premiums Per Pay Period (24/Year)

	Individual Plan Options	Family Plan Options
LegalShield	\$ 7.48	\$ 7.98
IDShield	\$ 4.23	\$ 7.98
LegalShield & IDShield	\$ 11.70	\$ 14.45

■ Tuition Reimbursement Program

Eligibility

- Full-time & Part-time (20-29 hours/week)
- 6 months in a benefit-eligible position

■ Complete Application

Online on the UNM Hospitals
Intranet > Web Based Systems >
Tuition Reimbursement Request

Reimbursement

- 24 college-credit hours per fiscal year prorated on assigned FTE status
1.0 to 0.9 = 24 hours; 0.8 to 0.7 = 21 hours; 0.6 to 0.5 = 18 hours
- Reimbursement up to UNM regular in-state or CNM in-county rate

Process

- Apply prior to class start date in Tuition Reimbursement System on Intranet.

See HR Policy 370 "Tuition Reimbursement" for more detailed information. Policies & Procedures are located on UNMH Intranet home page.

■ Employee Assistance Program (EAP)

The Employee Assistance Program (EAP), administered by **Outcomes, Inc.**

This is available to assist you and your eligible dependents with personal issues. Through Outcomes, you have confidential access to fully licensed professionals who can help with personal issues that affect your health, personal life, family life, work life, or job performance. You can utilize up to five free sessions per the following issues: Marital Problems, Family Difficulties, Alcohol Abuse, Chemical Dependency, Gambling Addiction, Physical Abuse, Financial Difficulties, Grief, Anxiety, Stress and other Personal or Emotional Problems.

You can reach the EAP by calling (505) 243-2551 or 1-800-677-2947 or by visiting www.outcomes.org.

■ Recreation & Discount Programs

UNMH Employees are eligible for several discounts on over a dozen different services.

For a full list of discounts that are available for UNMH employees please visit the UNMH Intranet and select:

- Human Resources
- Hover over Departments and select Benefits
- Resources
- Recreation & Discount Program



■ Annual Leave

Annual (vacation) Leave is available for use after 5 months of service.

10 Days by the End of Your First Year

- Accruals prorated on hours worked (max 3.08 hours per pay period)
- 1 additional day for every additional year until accruals max at 20 days/year
Maximum allowable accrual of 480 hours for annual leave.

See HR Policy 215 – Leave, Annual, for more detailed information. Policies & Procedures are located on UNMH Intranet home page.



■ Sick Leave

Sick Leave is available for use after 90 days of service.

7 Days Minor Sick Leave Accrual per Year

- Accruals prorated on hours worked (max 2.15 hours per pay period)
- Use for absences up to 24 consecutively scheduled work hours due to illness or injury

6 Days Major Sick Leave Accrual per Year

- Accruals prorated on hours worked (max 1.85 hours per pay period)
- Use for absences over 24 consecutively scheduled work hours due to illness or injury
Maximum allowable accrual of 1,040 hours for major sick leave.

See HR Policy 235 – Leave, Sick for more detailed information. Policies & Procedures are located on UNMH Intranet home page.

■ Holidays

UNMH recognized holidays for benefit-eligible employees (in the event a holiday falls on a weekend, the holiday will be recognized on a different week day).

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Eve

Holiday premium is paid at time-and-a-half. If your scheduled day falls on a UNMH recognized holiday, you will receive a compensatory day.

See HR Policy 225 – Leave, Holiday for more detailed information. Policies & Procedures are located on UNMH Intranet home page.

■ Important Plan Information

When your employment with UNM Hospitals ends, you will receive a letter explaining the disposition of your benefits. Depending upon what plans you participated in, you may receive additional mailings from various providers within 30 days of your benefits end date. Remember, your coverage typically will expire at the end of the month following termination. See individual policy guidelines under each plan's Summary of Plan Documents, on the UNM Hospitals Intranet, Human Resources, under Benefits.

Period of Coverage	Qualifying Event
18-Month COBRA Continuation	COBRA coverage continues for 18 months for you or your covered dependent(s) if your coverage ended because of: <ul style="list-style-type: none">• A reduction in hours, or• Termination of employment
29-Month COBRA Continuation	COBRA coverage continues for a total of 29 months for you and your covered dependent(s) if at the time of the original 18-month COBRA qualifying event: <ul style="list-style-type: none">• You or your covered dependent(s) became permanently disabled, according to Social Security, within the first 60 days after the date coverage was lost
36-Month COBRA Continuation	COBRA coverage continues for 36 months for your covered dependent(s) if one of the following occurs: <ul style="list-style-type: none">• Death of covered employee• You become eligible for Medicare Benefits• You get divorced or legally separated• Your covered dependent fails to qualify as a dependent

■ Benefits Checklist

Did you remember to:

☐

Complete your enrollment in the EvolveE3 (Lawson Resources) within 31 days from your date of hire or effective date of coverage.

☐

Enroll into Voluntary Supplemental Life Insurance through <https://standard.benselect.com/unmh> You may have to wait at least 2 weeks from your date of hire or effective date of change to have access to this site.

☐

Enroll into Fidelity to make retirement contributions through www.netbenefits.com. You may have to wait at least 2 weeks from your date of hire or effective date of change to have access to this site.



Contact Information

Provider	Phone Number	Website Address and Login Information
Benefits Website/Benefits Info Line		
UNM Hospitals	(505) 272-2325	UNM Hospitals Intranet – Human Resources – Departments – Benefits or askbenefits@salud.unm.edu
Medical - Standard and Extended Medical Plans		
Blue Cross Blue Shield of New Mexico	1-800-423-1630	www.bcbsnm.com/unmh Select Log In, choose I'm a Member, and click Register now. Under Plan Information, enter the Group Number (N11003 for Standard or 252107 for CDHP), your Member ID and home zip code. Then create your member profile and your own username and password.
Prescription Plan		
Mail Order (Express Scripts)	1-833-715-0942	www.esrx.com/BCBSNM
Specialty (Accredo)	1-833-721-1619	https://accredo.com/BCBSNM
Dental Plan		
Delta Dental	(505) 855-7111	www.deltadentalnm.com First time users need to set up an account to log in.
Vision Plan		
VSP	1-800-877-7195	www.vsp.com Click on Members to take you to the log in screen. New members will have to register. Use the last 4 digits of your Social Security number to register and enter your name and date of birth.
Flexible Spending Account - Health Care & Dependent Care		
McGriff Insurance Services	1-800-768-4873 1-800-930-2441	www.mcgriffinsurance.com Click on Log In drop down box and click Individuals. For first time users, the Username is your last name and the last four digits of your social security number. Your Password is the five-digit zip code of your mailing address.
Cancer/Heart/ICU Plans		
Washington National Anthony Stephens	1-800-541-2254 (817) 825-7518	www.washingtonnational.com Select Policy Holder from the drop down menu to log in. First time users will need to register.
Legal Plan		
Legal Shield Joan Buckner	1-800-654-7757 (505) 401-7733	https://my.onlineservicecenter.com/ Select Policy Holder from the drop down menu to log in. First time users will need to register.
Retirement Plan		
Fidelity	1-800-343-0860	www.fidelity.com/atwork or www.netbenefits.com First time users will need to create an account.
Employee Assistance Program		
Outcomes, Inc.	(505) 243-2551 1-800-677-2947	www.outcomesnm.org
Life & Accident Insurance		
The Standard Insurance	1-800-378-2395	https://standard.benselect.com/unmh



“ We have a great team. It’s kind of like a little family – we all help each other.”

Carol, RN, Inpatient OR

Appendix

**DOC 1 – BCBS Standard LoboCare Network
Summary of Benefits – Page 22**

**DOC 2 – BCBS Consumer Driven HSA Plan
Summary of Benefits – Page 24**

**DOC 3 – Delta Dental of New Mexico
Summary of Benefits – Page 26**

**DOC 4 – VSP Vision Service Plan
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DOC 5 – UNMH Premium Rates – Page 31

DOC 6 – New Hire Benefit Enrollment Instructions – Page 34

UNM Hospitals (UNMH) Standard Plan Summary of Benefits

Administered by:



This summary only lists the deductible, out-of-pocket maximum, copayment and coinsurance amounts, and provides a brief description of UNM Hospitals Standard (LoboCare) Network benefits.

UNM Hospitals Standard (LoboCare) Network Benefits	Member's Share of Covered Charges	
	Standard Network (In-Network Services)	Out-of-Network Services *
Calendar Year Deductible	\$600 (\$1,200 Family)	\$1,800 (\$3,600 Family)
Calendar Year Out-of-Pocket Maximum (Includes copayments, deductible and coinsurance only. Does NOT include drug charges, noncovered charges, or penalty amounts. In-Network and Out-of-Network amounts do not cross-apply.)	\$5,000 per Individual \$10,000 per Family	\$10,000 per Individual
Office Services (nonroutine)		
Primary Preferred Provider* Office Visit/Exam and initial office visit to diagnose pregnancy	\$35 per visit	40%*
Mental Health and Chemical Dependency Services	\$35 per visit	40%*
Specialist Office Visit/Exam and initial office visit to diagnose pregnancy	\$45 per visit	40%*
Office Surgery (including casts, splints and dressings)	\$35 (or \$45 specialist) per visit	40%*
Allergy Injections, Serum; Therapeutic Injections	\$0 copay (included in office visit)	Not Covered
Allergy Testing	\$45 per visit	Not Covered
Preventive Care Services Adult Wellness/Physical Exams; Well Child Care; Immunizations; Preventive Lab Tests and X-Rays (mammogram, pap tests, urinalysis, etc.); Routine Colonoscopy (outpatient/office); Smoking/Tobacco Cessation Counseling; Vision and Hearing Screenings	No Charge	Not Covered
Acupuncture (max. 20 visits/year)	\$45 per visit after deductible	Not Covered
Ambulance Services: Ground and Emergency Air Transport	Ground \$75 or Air \$125 after Standard deductible	
Ambulance Services: Nonemergency Air Transfer	\$125 after deductible	
Autism Spectrum Disorders Applied Behavioral Analysis, and Occupational, Physical, and Speech Therapy	Usual copays or coinsurance based on place of treatment and type of service**	
Cardiac and Pulmonary Rehabilitation, Outpatient	No charge after deductible	40%*
Dental/Facial Accident, Oral Surgery and TMJ/CMJ Services	Usual copays, deductible or coinsurance based on place of treatment and type of service	40%*
Emergency Room Treatment	\$300 per visit after Standard deductible (copay waived if admitted)	
Home Health/Home I.V. Care (max. 100 visits/year) **	\$35 per visit after deductible	40%*
Hospice Services** (up to 7 days of respite care)	No charge after deductible	40%*
Infertility Services, including drugs and injections (lifetime max. 12 attempts per employee/spouse)**	50% after Standard deductible*	
Inpatient Hospital/Facility Services** (See "Transplant Services," if applicable.)		
Medical/Surgical, Mental Health/Chemical Dependency, and Maternity-Related Room and Board, Covered Ancillaries; Inpatient Physical Rehabilitation	\$500 per admission after deductible (no charge for inpatient physician services)	40%*
Routine Nursery Care for Covered Newborns (covered as part of mother's claim)	\$500 per admission after deductible (no charge for inpatient physician services)	40%*

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

UNM Hospitals Standard (LoboCare) Network Benefits	Member's Share of Covered Charges		
	Standard Network (In-Network Services)	Out-of-Network Services *	
Lab, X-Ray, Diagnostic Tests (office, outpatient, freestanding facilities)	20% after deductible (\$1,000 annual out-of-pocket max)	40%*	
PET Scans, CT Scan**	\$200 copay after deductible		
Magnetic Resonance Imaging (MRI)**	\$250 copay after deductible		
Non-Routine Colonoscopy	\$100 copay after deductible	40%*	
Outpatient Facility/Surgeon/Physician (surgical procedures and pregnancy-related services)	\$350 facility copay after deductible	40%*	
Short-Term Rehabilitation (Physical, Occupational, and Speech Therapy, Outpatient/Office)** (max. 35 visits/year/combined)	\$45 per visit after deductible	40%*	
Skilled Nursing Facility (max. 60 days/lifetime)	No charge after deductible	40%*	
Spinal Manipulation	\$45 per visit after deductible	Not Covered	
Supplies, Durable Medical Equipment, Prosthetics, Orthotics	20% after deductible	40%*	
Therapies Chemotherapy, Radiation, Inhalation Therapy Dialysis	No charge after deductible 20% after deductible	40%*	
Transplant Services ** (Must be received at a facility that contracts as a Standard Network provider for the transplant being received, including a facility in the national BCBS transplant network.)			
Cornea, Kidney, and Bone Marrow	Usual copays based on place of treatment and type of service	40%*	
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney (Max. \$10,000 per transplant for lodging and travel expenses.)	Usual copays based on place of treatment and type of service	Not Covered	
Urgent Care Facility – UNM Hospitals facility	\$75 per visit after deductible	Not Covered	
Urgent Care Facility – All other urgent care facilities	\$100 per visit after deductible	40%*	
Prescription Drugs, Insulin, Diabetic Supplies, Enteral Nutritional Products, Special Medical Foods, and Smoking/Tobacco Cessation			
Note: Certain drugs, nutritional products/special medical foods, and certain injectable medications require preauthorization. Covered drugs and other items must be purchased at a pharmacy that participates in the Retail Pharmacy/ Specialty or Mail Order Service programs. (BCBSNM has contracted with a separate program for administration of the prescription drug benefits.) Prescription Drug Out of Pocket maximum; once the out of pocket maximum is met, prescription drugs are paid 100%.	Prescription Plan Copayments:	Retail 30-day	Mail-Order 90-day
	Preferred Generic Drug	\$8	\$16
	Non-Preferred Generic Drug	\$20	\$40
	Preferred Brand Name Drug	\$45	\$90
	Non-Preferred Brand Name Drug	\$75	\$150
	Preferred Specialty Medications ***	\$150	N/A
	Non-Preferred Specialty Medications ***	\$300	N/A
Nonprescription enteral nutritional products and special medical foods		50%	
Prescription Drug Plan Out-of-Pocket Limit	\$1,500/Individual \$3,000/Family		

* Member's share of out-of-network covered services after deductible is met. Member also pays difference between the covered charge, as determined by the Claims Administrator, and the provider's billed charge.

** These services may require preauthorization from BCBSNM or benefits will be reduced or denied. See a benefit booklet for full limitations and requirements.

*** Specialty Medications may require preauthorization; Mail Order is not available for Specialty Medications.

Note: You do not need a PCP referral in order to receive benefits at the Standard (LoboCare) Network level of coverage. You may visit any Standard (LoboCare) Network provider and receive Standard (In-Network) benefits for covered services. If you choose to visit a provider who is not a member of the Standard (LoboCare) Network, however, you will have to first meet a deductible and pay a percentage of covered charges (some exceptions, such as for emergency care are explained in the member's benefit booklet). Out-of-network providers may bill you for amounts that are over the covered charge. This amount can sometimes be significant, and is not applied to your out-of-pocket limit. Also, some benefits are available only if received from Standard (LoboCare) Network providers.

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

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

DOC 2

UNM Hospitals (UNMH) Consumer-Driven HSA Plan

Administered by:



Blue Cross and Blue Shield
of New Mexico

Highlights the deductible, out-of-pocket limits, member coinsurance percentage amounts and provides a brief description of UNM Hospitals Consumer-Driven Plan benefits

UNM Hospitals Consumer-Driven Plan Benefits	Member's Share of Covered Charges	
	Standard Network (In-Network Services) ¹	Out-of-Network Services ¹
Individual Annual Deductible	\$1,600	\$3,200
Family Annual Deductible: Embedded – All family members' services apply to the Family Deductible. Once the entire Family Deductible is met; then all family members' services apply coinsurance benefits.	\$3,200	\$7,200
Annual Out-of-Pocket Limit: Embedded - (Includes deductible, coinsurance, and prescription drugs only - NOT penalty amounts or noncovered charges.) ²	\$5,000/Individual Coverage \$10,000/Family Coverage	\$10,000/Individual (Medical only)
Office Services (nonroutine)	20% coinsurance	40% coinsurance
Office Visit/Exams/Consultations	20% coinsurance	40% coinsurance
Allergy Injections, Tests, Serum	20% coinsurance	40% coinsurance
Office Surgery (including casts, splints, and dressings)	20% coinsurance	40% coinsurance
Mental Health and Chemical Dependency (outpatient/office)	20% coinsurance	40% coinsurance
Preventive Services Routine Adult Physicals and Gynecological Exams, Related Testing (includes routine Pap tests, mammograms, cholesterol tests, urinalysis, etc.), Routine colonoscopies (outpatient/office), Immunizations, Well-Child Care; and Routine Vision or Hearing Screenings	No Charge (Deductible waived)	40% coinsurance
Acupuncture Treatment (max. 20 visits/year)	20% coinsurance	40% coinsurance
Ambulance Services: Ground and Emergency Air Transport	20% coinsurance ³	
Ambulance Services: Nonemergency Air Transfer	20% coinsurance ⁴	40% coinsurance ⁴
Autism Spectrum Disorders Applied Behavioral Analysis, ⁴ and Occupational, Physical, and Speech Therapy	20% coinsurance	40% coinsurance
Cardiac and Pulmonary Rehabilitation, Outpatient	20% coinsurance	40% coinsurance
Dental/Facial Accident, Oral Surgery, and TMJ/CMJ Services	20% coinsurance ⁴	40% coinsurance ⁴
Emergency Room Treatment	20% coinsurance ³	
Home Health Care/Home I.V. Services (max. 100 visits/year)	20% coinsurance	40% coinsurance
Hospice Services (up to 7 days of respite care)	20% coinsurance ^{4,5}	40% coinsurance ^{4,5}
Infertility Services including drugs and injections (lifetime max. of 12 attempts per employee/spouse)	20% coinsurance ^{4,5}	40% coinsurance ^{4,5}
Inpatient Hospital/Facility and Physician Services		
Medical/Surgical, Mental Health/Chemical Dependency (including partial hospitalization), Residential Treatment Center, Maternity-Related Room and Board and Covered Ancillaries	20% coinsurance ⁵	40% coinsurance ⁵
Routine Nursery Care for Covered Newborns	20% coinsurance	40% coinsurance
Lab, X-Ray, and Other Diagnostic Tests	20% coinsurance	40% coinsurance
MRIs, CT Scans, PET Scans	20% coinsurance ⁴	40% coinsurance ⁴
Maternity Services (pre- and post-natal, delivery, and newborn charges)	20% coinsurance ⁵	40% coinsurance ⁵
Short-Term Rehabilitation: Occupational, Physical, and Speech Therapy; including Physical Rehabilitation		
Inpatient Rehabilitation	20% coinsurance ⁵	40% coinsurance ⁵
Outpatient and Office Rehabilitation (max. 35 visits/year)/combined)		
Skilled Nursing (max. 60 days/lifetime)		
Spinal Manipulation Services	20% coinsurance	40% coinsurance
Supplies, Durable Medical Equipment, Prosthetics, Orthotics	20% coinsurance ⁶	40% coinsurance ⁶
Outpatient Facility/Surgeon/Physician (surgical procedures, pregnancy-related services, and non-routine colonoscopies)	20% coinsurance	40% coinsurance

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

UNM Hospitals Consumer-Driven Plan Benefits		Member's Share of Covered Charges		
		Standard Network (In-Network Services) ¹	Out-of-Network Services ¹	
Therapy: Chemotherapy, Dialysis, and Radiation		20% coinsurance	40% coinsurance	
Transplant Services (Must be received at a facility that contracts with BCBSNM or with the national BCBS transplant network.)				
Cornea, Kidney, and Bone Marrow		20% coinsurance ^{4,5}	40% coinsurance ^{4,5}	
Heart, Heart-Lung, Liver, Lung, and Pancreas-Kidney (\$10,000 maximum for travel and lodging per diem)			No Benefit	
Urgent Care Facility		20% coinsurance	40% coinsurance	
Copay Level	Type of Prescription (must be on Drug List)	Your Copay		
Retail Pharmacy (up to a 30-day supply or 120 units, whichever is less)		Preventive Rx	Non-Preventive Rx	Mail-Order Pharmacy
Mail-Order Pharmacy (lesser of a 90-day supply or 360 units)				
Tier 1	Preferred Generic Drug	\$8	20% coinsurance	2x Retail
Tier 2	Non-Preferred Generic Drug	\$20	20% coinsurance	2x Retail
Tier 3	Preferred Brand-Name Drug	\$45	20% coinsurance	2x Retail
Tier 4	Non-Preferred Brand-Name Drug	\$75	20% coinsurance	2x Retail
Tier 5	Preferred Specialty Drug (not available through mail-order)	\$150	20% coinsurance	Not Covered
Tier 6	Non-Preferred Specialty Drug (not available through mail-order)	\$300	20% coinsurance	Not Covered
All Tiers	Nonprescription Enteral Nutritional Products and Special Medical Foods (brand-name or generic): Products must be prior-approved .	20% coinsurance (Limited to a 30-day supply during any 30-day period)		
All Tiers	Prescription Drug Out-of-Pocket Limit	Combined with Medical OOP Limit (refer to Summary of Benefits and Coverage for details)		
For all brand-name drugs with a generic equivalent, if you or your provider orders the brand-name, you will pay either the Tier 1 or Tier 2 copay PLUS the difference in cost between the brand-name drug and its generic equivalent.				

FOOTNOTES:

¹ The Individual or Family Coverage deductible (as applicable) must be met before benefit payments are made, including for services covered under the drug plan.

² After a member or family reaches the applicable out-of-pocket limit, BCBSNM pays 100 percent of that member's or family's Preferred Provider or Nonpreferred Provider covered charges, whichever is applicable. Amounts paid under the drug plan are subject to the Preferred Provider limit. Preferred Provider/prescription drug coinsurance and copayment amounts do not cross-apply to the Nonpreferred Provider out-of-pocket limit amount, or vice versa.

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

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

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

⁶ Rental benefits will not exceed the purchase price of a new unit.

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

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

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



Delta Dental PPOSM Point of Service Summary of Dental Plan Benefits

For Group #4101
UNM Hospitals

Benefit Period: January 1 through December 31

Deductible: \$50 Deductible per person total per Benefit Period limited to a maximum Deductible of \$150 per family per Benefit Period

Maximum Benefit Amount: \$1,200 per person total per Benefit Period

Orthodontic Lifetime Maximum: \$1,000 per person total per lifetime

Covered Services

	Delta Dental PPO SM Provider	Delta Dental 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	No Charge	No Charge
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	No Charge	No Charge
Brush Biopsy – to detect oral cancer	No Charge	No Charge	No Charge
Radiographs – images	No Charge	No Charge	No Charge
Periodontal Maintenance – cleanings following periodontal therapy	No Charge	No Charge	No Charge
Basic Services			
Minor Restorative Services – fillings	20%	20%	20%
Endodontic Services – root canals	20%	20%	20%
Periodontic Services – to treat gum disease	20%	20%	20%
Oral Surgery Services – extractions and dental surgery	20%	20%	20%
Other Basic Services – misc. services	20%	20%	20%
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%
Orthodontic Services – braces (lifetime max.)			
	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. See the section titled "Your Network."*

Delta Dental Customer Service: (505) 855-7111 or toll-free (877) 395-9420

Address: 2500 Louisiana Blvd. NE STE 600, Albuquerque, NM, 87110

Web Site, Including Provider Search: www.deltadentalnm.com

Connect with DDNM on Our Blog, Facebook, Twitter, Instagram, and Pinterest

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 14.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image is payable once in any three-year period.
- Sealants are payable once per tooth per three-year period for permanent molars up to age 16.
- Composite resin (white) restorations are Covered Services on all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.

Additional Plan Information

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

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

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

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more-costly procedures are anticipated. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

Eligibility Provisions

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

Eligible Employees may enroll on the first day of the month following their date of hire, subject to any additional requirements which may apply.

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

Special Benefit Provisions

None.

Your Network: Delta Dental PPO Point of Service

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

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

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

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

Understanding Your Benefits

This Summary of Dental Plan Benefits only highlights Benefit levels; it does not provide complete coverage information. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

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



Get access to the best in eye care and eyewear with UNM HOSPITALS and VSP® Vision Care.



Why enroll in VSP? As a member, you'll receive access to care from great eye doctors, quality eyewear, and the affordability you deserve, all at the lowest out-of-pocket costs.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP network doctor, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP network doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Enroll in VSP today.
You'll be glad you did.
Contact us. **800.877.7195**
vsp.com

Using your VSP benefit is easy.

- **Create an account at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eye doctor who's right for you.** Visit **vsp.com** or call **800.877.7195**.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on **vsp.com**.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe, CALVIN KLEIN, Cole Haan, Flexon®, Lacoste, Nike, Nine West, and more.¹ Visit **vsp.com** to find a Premier Program location that carries these brands. Plus, save up to 40% on popular lens enhancements.² Prefer to shop online? Check out all of the brands at **eyeconic.com®**, VSP's preferred online eyewear store.

Your VSP Vision Benefits Summary



UNM HOSPITALS and VSP provide you with an affordable eye care plan.

VSP Coverage Effective Date: 01/01/2020

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every service year
Prescription Glasses			
		\$10	See frame and lenses
Frame	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames \$170 allowance for featured frame brands 20% savings on the amount over your allowance \$80 Costco® frame allowance 	Included in Prescription Glasses	Every other service year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every service year
Lens Enhancements	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements 	\$0 \$95-\$105 \$150-\$175	Every service year
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every service year
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details.			
Exam	up to \$45	Lined Bifocal Lenses	up to \$50
Frame	upto \$70	Lined Trifocal Lenses	up to \$65
Single Vision Lenses	up to \$30	Progressive Lenses.....	up to \$50
		Contacts.....	up to \$105
Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.			

Contact us. **800.877.7195 | vsp.com**

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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UNM Hospitals Premium Rates Effective 1/1/2020 – 12/31/2020

BCBS Health Plan Premiums

Standard Plan

Per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST Full Time	EMPLOYEE COST Part Time
Employee	\$0.00	\$66.00
Employee + Child(ren)	\$204.50	\$270.50
Employee + Spouse / DP	\$391.50	\$457.50
Employee + Family	\$425.50	\$491.50

Full Time = 0.75 to 1.0 FTE Status; Part Time = 0.5 to 0.7 FTE Status

Family = Employee, Spouse/DP (Domestic Partner) & Child(ren)

CDHP Plan

Per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST Full Time	EMPLOYEE COST Part Time
Employee	\$0.00	\$60.00
Employee + Child(ren)	\$150.00	\$210.00
Employee + Spouse / DP	\$318.50	\$378.50
Employee + Family	\$349.00	\$409.00

Full Time = 0.75 to 1.0 FTE Status; Part Time = 0.5 to 0.7 FTE Status

Family = Employee, Spouse/DP (Domestic Partner) & Child(ren)

Health, dental and vision premiums are deducted on a pre-tax basis (except domestic partner premiums are deducted post-tax). Life insurance, Washington National insurance, LegalShield and IDShield are deducted on a post-tax basis. All rates may be subject to change. Benefit elections for the 2020 Plan Year will remain in effect through December 31, 2020. Changes during the plan year may only be made within 31 days of a Qualifying Event, or at the next Open Enrollment (for a January 1, 2021 effective date).

Delta Dental Plan Premiums

Per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST Full Time	EMPLOYEE COST Part Time
Employee	\$0.00	\$6.10
Employee + 1	\$17.50	\$23.60
Employee + 2 or more	\$33.50	\$39.60

Full Time=0.75 to 1.0 FTE Status; Part Time=0.5 to 0.7 FTE Status
Family = Employee, Spouse/DP (Domestic Partner) & Child(ren)

VSP Vision Insurance Plan

Per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST
Employee	\$3.16
Employee + 1	\$6.12
Employee + 2 or more	\$9.97

LegalShield Plan Premiums

Per Pay Period (24/Year)

INDIVIDUAL PLAN OPTIONS	EMPLOYEE COST
LegalShield	\$7.48
IDShield	\$4.23
LegalShield & IDShield	\$11.70
FAMILY PLAN OPTIONS	EMPLOYEE COST
LegalShield	\$7.98
IDShield	\$7.98
LegalShield & IDShield	\$14.45

Washington National Insurance Premiums

Per Pay Period (24/Year)

Starting at \$7.50 per paycheck. Based on age, tobacco use and options elected. Some health restrictions apply. For more information, contact Anthony Stephens, Independent Representative at (817)825-7518.

The Standard Voluntary Supplemental Life Insurance Premiums

Per Pay Period (24/Year)

Rates up to \$100,000 (For rates up to \$500,000, multiply by 2, 3, 4, 5 as appropriate)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under Age 30	\$0.30	\$0.60	\$0.90	\$1.20	\$1.50	\$1.80	\$2.10	\$2.40	\$2.70	\$3.00
30-34	\$0.40	\$0.80	\$1.20	\$1.60	\$2.00	\$2.40	\$2.80	\$3.20	\$3.60	\$4.00
35-39	\$0.45	\$0.90	\$1.35	\$1.80	\$2.25	\$2.70	\$3.15	\$3.60	\$4.05	\$4.50
40-44	\$0.57	\$1.13	\$1.70	\$2.26	\$2.83	\$3.39	\$3.96	\$4.52	\$5.09	\$5.65
45-49	\$0.86	\$1.71	\$2.57	\$3.42	\$4.28	\$5.13	\$5.99	\$6.84	\$7.70	\$8.55
50-54	\$1.31	\$2.62	\$3.93	\$5.24	\$6.55	\$7.86	\$9.17	\$10.48	\$11.79	\$13.10
55-59	\$2.35	\$4.69	\$7.04	\$9.38	\$11.73	\$14.07	\$16.42	\$18.76	\$21.11	\$23.45
60-64	\$3.68	\$7.36	\$11.04	\$14.72	\$18.40	\$22.08	\$25.76	\$29.44	\$33.12	\$36.80
65-69	\$4.14	\$8.29	\$12.43	\$16.58	\$20.72	\$24.86	\$29.01	\$33.15	\$37.29	\$41.44
70-75	\$5.76	\$11.53	\$17.29	\$23.05	\$28.81	\$34.58	\$40.34	\$46.10	\$51.86	\$57.63
75+	\$3.46	\$6.92	\$10.37	\$13.83	\$17.29	\$20.75	\$24.20	\$27.66	\$31.12	\$34.58

Rates are based on your age and the age of your spouse/DP (Domestic Partner) each pay period.

Dependent Life coverage for your child(ren) is \$0.75 each pay period, no matter how many children you are covering.

The Standard Group Accident Insurance Premiums

Per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST
Employee	\$4.71
Employee + Spouse / DP	\$7.48
Employee + Child(ren)	\$8.89
Employee + Family	\$13.93

New Hire Benefit Enrollment

Employee Portal Evolve³

Time Sensitive Information

- You must enroll within 31 days of your hire date. If you miss this time frame, you will not have coverage. Your next opportunity to enroll will be at the next open enrollment period, which occurs in the fall each year.
- Consider your benefit choices carefully! You will not be able to make changes until the new plan year unless you have a qualifying event. Refer to the enrollment guide for information on qualifying events.
- To add dependents to your benefit plan, you must add before you can enroll in the benefits plan. See Add Dependents tip sheet.

Online Benefit Enrollment Steps

Log into PC with HSC Net ID & password.

- Open the UNMH Intranet and click **Web Based Systems**.
 - Click **EvolveE3 (Lawson Resources)**.
 - Click **EvolveE3**.
 - For first initial login, click **inforcs.health.unm.edu**.
 - Click **Lawson**.
 - Click **Bookmarks** menu drop-down.
 - Click **+ UH Employee Self-Service**.
 - Click **+ Benefits**.
 - Click **New Hire Enrollment**.
 - After reading the instructions on the Welcome page, click **Continue**.
 - The list of benefits plans will display. Click **Continue**.
- Steps continued on the next page.

The screenshots illustrate the following steps:

- UNM Hospitals Intranet, Web Based Systems
- EvolveE3 (Lawson Resources)
- EvolveE3 Portal
- InforCloudSuite login page
- Lawson system
- Bookmarks menu
- UH Employee Self-Service
- Benefits menu
- New Hire Enrollment
- Continue button
- Enrollment Order screen with a list of plans (HEALTH, HSA, DENTAL, VISION, FSA, LEGAL) and a Continue button

12. Click the radio button next to the Plan in which you would like to enroll.

Note: If declining coverage, you **MUST** indicate that you are declining coverage.

13. Click **Continue**.

14. Click the radio button for the Coverage needed.

15. Click **Continue**.

Note: If you elected coverage for dependents, the next screen will display a list of eligible dependents. Click the box next to each dependent you want covered. Click Continue.

16. Review the plan and coverage, if correct, click **Continue**.

Note: Click Previous to go back and make changes.

Repeat following steps 12–16 for each of the remaining benefit plans:

- Dental
- Vision
- FSA/HSA
- Legal

Steps continued on the next page.

New Hire Enrollment

Benefit Elections - HEALTH

Select the plan in which you would like to enroll.

Select	Plan	Coverage Begins
<input type="radio"/>	Consumer Driven Health Plan	04/01/2021
<input checked="" type="radio"/>	Health Plan Standard	04/01/2021
<input type="radio"/>	Decline Health Plan	01/01/2011

Continue Start Over Exit Elections

New Hire Enrollment

Benefit Elections - HEALTH

You have selected [Health Plan Standard](#). Your contribution will be pretax. Costs are Semimonthly. Select one coverage option.

Select	Coverage	Cost	Company Cost
<input type="radio"/>	Employee Only		356.50
<input checked="" type="radio"/>	Employee + Spouse	391.50	356.50
<input type="radio"/>	Employee + Child(ren)	204.50	356.50
<input type="radio"/>	Employee + Family	425.50	356.50

Continue Previous Exit

New Hire Enrollment

Benefit Elections - HEALTH

You have selected [Health Plan Standard](#). Costs are Semimonthly. Your coverage will begin 04/01/2021. Review and confirm your election choices for this benefit.

Plan	Coverage	Cost	Company Cost
Health Plan Standard	Employee + Spouse	391.50 Pretax	356.50

Covered Dependents As Of 04/01/2021

Test Martinez

Continue Previous Elections

17. Once all plans have been completed, a final review screen displays. If all information is correct, click **Continue**.

Note: To change any plan, click Make Changes and then select the plan that needs to be edited.

18. Click **Ok**.

Note: As part of confirming your selections, you agree:

- I have provided true and correct information.
- I authorize deductions from my pay for the cost of any benefit plan I elect and agree that UNMH may collect any missed contributions from subsequent paychecks and/or final payouts if leaving employment.
- I understand my enrollment in the medical, dental, vision plan or reimbursement accounts automatically enrolls me in the Section 125 Pre-Tax Conversion Plan which allows these premiums to be deducted before taxes.
- I understand that under law, the elections for medical, dental, and vision are in effect for the current plan year. The elections cannot be changed until the next open enrollment unless I notify UNMH benefits within 31 days of a qualified status change outlined in the Benefits Enrollment Guide.
- I verify that I have read and understand the summary, guidelines and procedures for the health care and dependent day care reimbursement accounts. The elections for reimbursement accounts are in effect through the end of the calendar year.

19. Print the confirmation screen. Click the **Yes** radio button then, click **Continue** and select the printer.

20. The final screen will display.

You have now completed Benefits Enrollment. Contact HR Benefits with any questions.

The screenshot displays the 'New Hire Enrollment' interface. At the top, a blue header reads 'New Hire Enrollment' with a help icon and a close button. Below this, the title 'Benefit Elections As Of 03/21/2021' is shown. A table lists the selected benefit plans:

Plan	Coverage	Start Date	Your Cost		Company Cost
Health Plan Standard	Employee + Spouse	04/01/2021	391.50	Pretax	356.50
Decline HSA		04/01/2021			
Decline Dental Plan	Waive	04/01/2021			
Vision Plan	Employee+ 1	04/01/2021	6.12	Pretax	
Decline FSA		04/01/2021			
Decline Legal Plan	Waive	04/01/2021			

Below the table, a section titled 'Covered Dependents' shows 'Test Martinez' listed twice. To the right, a 'Summary' table shows the costs:

	Cost
Contributions	397.62
Contributions	0.00
Total company contributions	356.50

A red dialog box with a warning icon and the title 'Dialog' is overlaid on the screen. It contains the text: 'If you choose to keep these benefits and you want to make additional changes later, you will have to contact the benefits department. If you are not sure of the elections you made, select cancel and then choose exit and make elections later. You can then use the web enrollment process when you have made your final decisions. Choose OK to keep these benefits.' The dialog has 'OK' and 'Cancel' buttons. A red circle with the number '18' is next to the 'OK' button.

Below the dialog, another red dialog box with a warning icon and the title 'Dialog' is shown. It asks: 'Do you want to print these elections for your reference?' with 'Yes' (selected) and 'No' radio buttons. A red circle with the number '19' is next to the 'Yes' button. Below this dialog are 'Continue' and 'Cancel' buttons.

At the bottom right, a blue button labeled 'Continue' has a red circle with the number '17' next to it. To its right are 'Make Changes' and 'Exit' buttons. A note above these buttons states: 'Your deductions may differ slightly due to rounding.'


The bottom section of the screen is titled 'New Hire Enrollment' and 'Enrollment Elections'. It displays a red circle with the number '20' next to the text: 'Congratulations Candice Martinez. Your enrollment has been successful. Please wait for the print box.'


Add Dependent(s)

Add Dependent(s)

Add Dependent(s) from the MyHR Employee section. Dependents must be added prior to benefits enrollment.

After logging into EvolveE3 Portal:

1. Click **MyHR**. 
Note: Employee section opens by default.
2. Click **My Profile**.
3. Click **Personal Information**.
4. Scroll down to **Dependents** and click **Add Dependent**.
5. Enter dependent information.

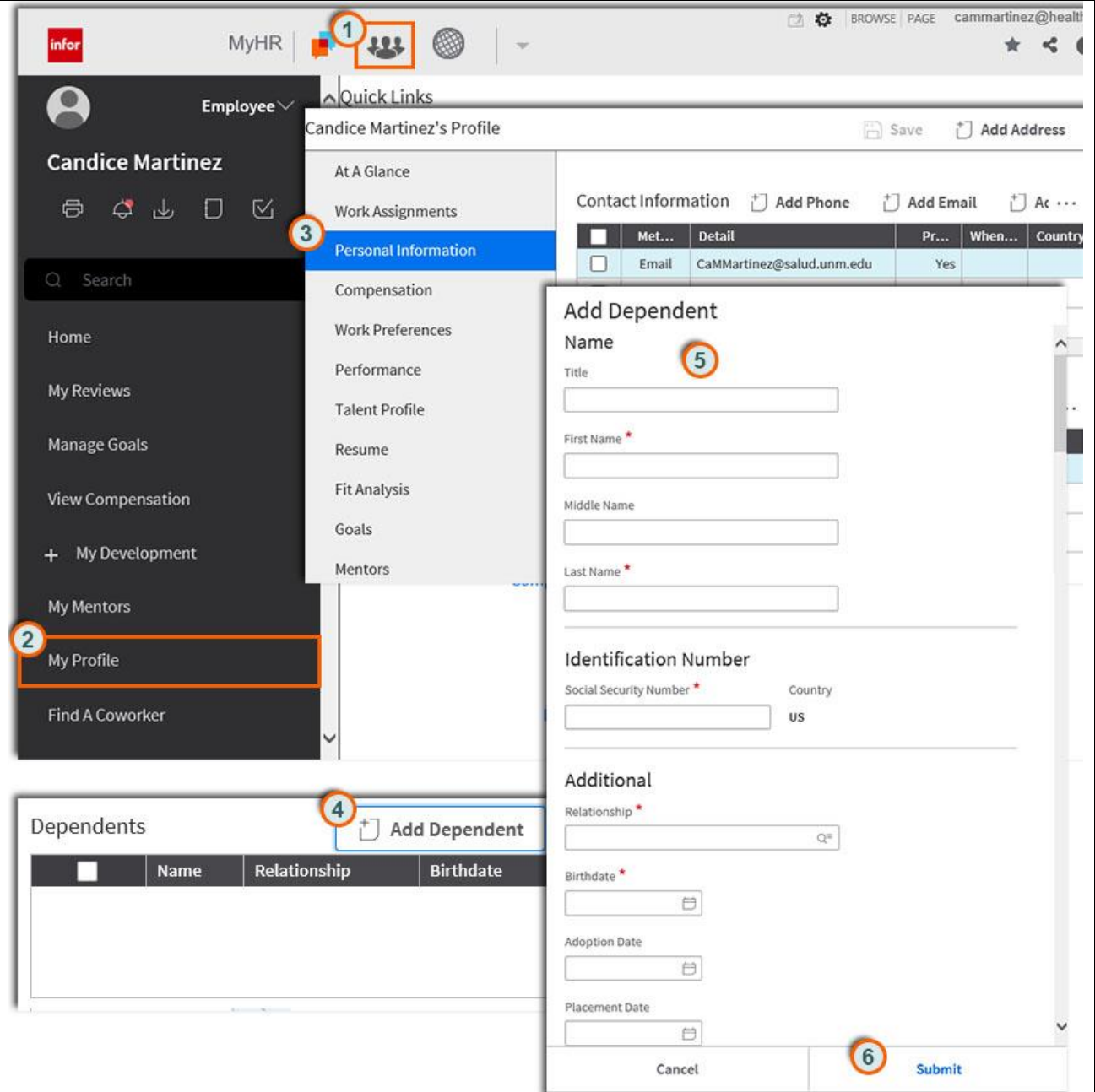
- Complete all required fields (indicated by an *).
- Include dashes when entering Social Security Number.
- For Relationship, click  and select from the list.

Note: To enroll a domestic partner, you must email Benefits at AskBenefits@salud.unm.edu for instructions.

- Address is required. Either check My Home Address or fill out address completely, including Country.

6. Click **Submit** when finished.

Note: To add additional dependents, repeat steps 4 – 6.



The screenshot shows the MyHR portal interface for Candice Martinez. The steps are numbered 1 through 6:

1. Click **MyHR** (indicated by a red box and number 1).
2. Click **My Profile** (indicated by a red box and number 2).
3. Click **Personal Information** (indicated by a red box and number 3).
4. Click **Add Dependent** (indicated by a red box and number 4).
5. Enter dependent information (indicated by a red box and number 5).
6. Click **Submit** (indicated by a red box and number 6).

The **Add Dependent** form includes the following fields:

- Name:** Title, First Name *, Middle Name, Last Name *
- Identification Number:** Social Security Number *, Country (US)
- Additional:** Relationship *, Birthdate *, Adoption Date, Placement Date

The **Dependents** table at the bottom shows columns for Name, Relationship, and Birthdate.

■ Need help with your benefits?

Questions regarding your benefits please email: askbenefits@salud.unm.edu or contact one of the following Benefits Staff Members:

■ **Renee Gauna, HR Benefits Specialist**

Office: (505) 272-1903

Email: rdgauna@salud.unm.edu

■ **Maria Rios, HR Tech**

Office: (505) 272-4201

Email: mgrios@salud.unm.edu

■ **Chuck Griffith HR Benefits Specialist**

Office: (505) 272-3924

Email: chgriffith@salud.unm.edu

■ **Benefits Fax:**

1-866-206-2642

(Toll-Free; Dial 9 + 1 from an internal line.)

■ **Benefits Staff Availability**

Monday – Friday 8:00 a.m. – 5:00 p.m.

■ **Benefits Office Location:**

933 Bradbury Dr SE

Suite 3002

Albuquerque, NM 87106

■ **UNMH Human Resources**

(505) 272-2325

■ Notes



“ I love the outdoors. New Mexico has all these places for rock climbing, hiking, Mountain biking. And Southern Colorado is close when I want to snowboard. ”

Larissa, Clinical Pharmacist

This designation will apply to the following Standard Insurance Company coverage(s) if available to you through your Employer: Life Insurance, Life with Accidental Death & Dismemberment (AD&D) Insurance, AD&D Insurance and, unless specified otherwise on a separate signed sheet of paper, Supplemental Life Insurance.

Designations made below, or on a separate sheet of paper, are not valid unless signed, dated, and delivered to your Employer during your lifetime. Return the completed form to your Human Resources Department.

MEMBER/EMPLOYEE INFORMATION

Your Name (Last, First, Middle)		Date of Birth
Your Address		
City	State	Zip
Group Name UNM Hospital	Group No. 159980	

BENEFICIARY INFORMATION

- Your designation revokes all prior designations.
- Benefits are payable to a contingent Beneficiary only if you are not survived by one or more primary Beneficiaries.
- If you name two or more Beneficiaries in a class (primary or contingent), two or more surviving Beneficiaries will share equally, unless you provide for unequal shares.
- If a minor (a person not of legal age) or your estate is the Beneficiary, it may be necessary to have a guardian or a legal representative appointed by the court before any death benefit can be paid. If the Beneficiary is a trust or trustee, the written trust must be identified in the Beneficiary designation. For example, "Dorothy Q. Smith, Trustee under the trust agreement dated _____."
- A power of attorney must grant specific authority, by the terms of the document or applicable law, to make or change a Beneficiary designation. If you have questions, consult your legal advisor.
- Dependents Insurance and Supplemental Life Insurance on your Spouse, if any, is payable to you, if living, or as provided under your Employer's coverage under the Group Policy.
- If you complete the "% of Benefit" box(es), the amounts should add up to 100% for each class (primary or contingent). For example, "Primary - John Q. Doe, 60%; Jane Q. Doe, 40%."

Primary – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>

Contingent – Full Name	Address	Birth Date	Phone No.	Soc. Sec. No. <i>if known</i>	Relationship	% of Benefit <i>Total must equal 100%</i>

Signature of Member/Employee	Date
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Human Resources Department – Retain for your records.



HOSPITALS