### Medical Benefits

**Taos Health Systems offers two medical plans through Blue Cross Blue Shield of New Mexico, both of which utilize a Preferred Provider Organization (PPO). The HSA offers a “Base” plan with a $2,600 deductible and a PPO “Buy Up” Plan with a $750 deductible. You can access the vast Blue Cross provider network state-wide with either PPO plan. In addition, the “BlueCard Program” ensures access to health care services for PPO members nationwide in more than 170 countries and territories. There is no need to file claims for services received from Preferred Providers.**

<table>
<thead>
<tr>
<th>Provider Coverage Description</th>
<th>Base/HDHP PPO</th>
<th>Buy-Up PPO</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>Calendar Year</td>
<td>Calendar Year</td>
</tr>
<tr>
<td><strong>Individual</strong></td>
<td>$750</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Family</strong></td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Coinsurance (Most Services)</strong></td>
<td>10%</td>
<td>10%</td>
</tr>
<tr>
<td><strong>Outpatient Surgery</strong></td>
<td>25% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td><strong>Hospitalization</strong></td>
<td>10% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td><strong>璇冒綋`</strong></td>
<td>25% after deductible</td>
<td>25% after deductible</td>
</tr>
<tr>
<td><strong>Member Wellness</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Office Visit</strong></td>
<td>$25 (deductible waived)</td>
<td>$25 (deductible waived)</td>
</tr>
<tr>
<td><strong>Pharmacy</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Preventive Services</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**FLEXIBLE SPENDING ACCOUNTS (FSA)**

Taos Health Systems’ flexible spending benefit allows you to put aside pre-tax dollars for un-reimbursed healthcare expenses ($2,550 maximum), or dependent care expenses ($5,000 maximum). As you incur expenses throughout the year, you will be permitted to use your pre-tax dollars to pay for these expenses.

### Voluntary Vision Benefits

**Taos Health Systems offers a comprehensive vision program administered by VSP through Benefit Source’s Dental Plan. Using a VSP provider, your out-of-pocket costs will be less. Non–Network providers may charge more than the usual and customary charges, and you may face the possibility of being balance-billed directly from the dentist(s). Charges are reimbursed at the 90th percentile.**

### Voluntary Dental Benefits

<table>
<thead>
<tr>
<th>Non-Participating Dentist</th>
<th>Participating Dentist</th>
<th>Member Coinsurance</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 Deductible</td>
<td>$0 Deductible</td>
<td>20% Coins.</td>
</tr>
<tr>
<td>20% Coins.</td>
<td>20% Coins.</td>
<td>20% Coins.</td>
</tr>
</tbody>
</table>

### VSP through Benefit Source

**Voluntary Vision Benefit Highlights**

- **Annual Vision Exam** focuses on your eye health and overall wellness. 
  - **$10 Annual Deductible for exam**
  - **$120 Allowance for frame of your choice**
  - **20% off amount over your allowance**

**Contact Lens Care**

- **$25 Annual Deductible on Materials**
- **Single vision, lined bifocal & lined trifocal lenses**
- **$50**
- **$75**
- **$100**

**Non-VSP Provider Reimbursement Amount**

- **$50**
- **$290**
- **$125**
- **$210**

**Contacts:**
- **$70**

**You will need to select “signature” for the network.**

**For a current list of network providers, please visit:**

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

**Voluntary Vision for Employees**

**Per Pay Period - 26 Pay Periods Per Year**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Services</td>
<td>$0 Deductible</td>
<td>$0 Deductible</td>
<td>$0 Deductible</td>
</tr>
<tr>
<td>Basic Services</td>
<td>$50 Deductible</td>
<td>$50 Deductible</td>
<td>$50 Deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>$50 Deductible</td>
<td>$50 Deductible</td>
<td>$50 Deductible</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,200</td>
<td>$1,200</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

**Consortiums:**
- Any services that are subject to the deductible, you must pay a percentage of the remaining balance after your deductible has been met.
- **Out-of-Pocket Maximum:** The maximum amount of out-of-pocket expenses you will pay for covered services in the year.

**Disclaimer:** This brochure has been prepared for you to use as an “at a glance” reference to your benefits. It is not intended to be a coverage document and is not a complete summary of benefits. In all cases, only the official plan documents control the administration and operation of the plans. This brochure does not constitute a contract of employment. Please contact Human Resources for more details.

**BENEFIT DEFINITIONS**

**Copayment:** The fixed dollar amount that you are responsible to pay toward the provider at the time of service. Such as PCP/Specialist Visit, Urgent Care and Emergency Room. **Deductible:** The fixed dollar amount that you must pay toward treatment expenses before you begin to pay your share. Please refer to the Summary of Benefits to see which services the deductible applies to.

**Coinsurance:** For some services that are subject to the deductible, you must pay a percentage of the remaining balance after your deductible has been met.

**Out-of-Pocket Maximum:** The maximum amount of out-of-pocket expenses you will pay for covered services in the year.

**Available through PrimeMail**

- Specialty Drug
  - $30 Annual Deductible on Materials
  - $50 Deductible
  - $50 Deductible
  - $50 Deductible
  - $50 Deductible

**addt’l $500 copay per prescription**

**Contact Lens Care**

- **$50**
- **$75**
- **$100**

**Non-VSP Provider Reimbursement Amount**

- **$50**
- **$290**
- **$125**
- **$210**

**Contacts:**
- **$70**

**You will need to select “signature” for the network.**

**For a current list of network providers, please visit:**

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

**Voluntary Vision for Employees**

**Per Pay Period - 26 Pay Periods Per Year**

<table>
<thead>
<tr>
<th>Plan Type</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive Services</td>
<td>$0 Deductible</td>
<td>$0 Deductible</td>
<td>$0 Deductible</td>
</tr>
<tr>
<td>Basic Services</td>
<td>$50 Deductible</td>
<td>$50 Deductible</td>
<td>$50 Deductible</td>
</tr>
<tr>
<td>Major Services</td>
<td>$50 Deductible</td>
<td>$50 Deductible</td>
<td>$50 Deductible</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,200</td>
<td>$1,200</td>
<td>$1,200</td>
</tr>
</tbody>
</table>

**Consortiums:**
- Any services that are subject to the deductible, you must pay a percentage of the remaining balance after your deductible has been met.
- **Out-of-Pocket Maximum:** The maximum amount of out-of-pocket expenses you will pay for covered services in the year.

**Disclaimer:** This brochure has been prepared for you to use as an “at a glance” reference to your benefits. It is not intended to be a coverage document and is not a complete summary of benefits. In all cases, only the official plan documents control the administration and operation of the plans. This brochure does not constitute a contract of employment. Please contact Human Resources for more details.

**BENEFIT DEFINITIONS**

**Copayment:** The fixed dollar amount that you are responsible to pay toward the provider at the time of service. Such as PCP/Specialist Visit, Urgent Care and Emergency Room. **Deductible:** The fixed dollar amount that you must pay toward treatment expenses before you begin to pay your share. Please refer to the Summary of Benefits to see which services the deductible applies to.

**Coinsurance:** For some services that are subject to the deductible, you must pay a percentage of the remaining balance after your deductible has been met.

**Out-of-Pocket Maximum:** The maximum amount of out-of-pocket expenses you will pay for covered services in the year.

**Disclaimer:** This brochure has been prepared for you to use as an “at a glance” reference to your benefits. It is not intended to be a coverage document and is not a complete summary of benefits. In all cases, only the official plan documents control the administration and operation of the plans. This brochure does not constitute a contract of employment. Please contact Human Resources for more details.
**LEAVE TIME**

**Personal:** Accrued days may be used the full pay period following completion of 6 months. Maximum bank may not exceed 350 hours or 43.75 days. Annual accrual is based on hours worked, up to 2080 hours.

<table>
<thead>
<tr>
<th>Life Hours</th>
<th>Accrual</th>
<th>Maximum Accrual</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 - 9,984</td>
<td>0.0917</td>
<td>190.74 hours / 23.84 days*</td>
</tr>
<tr>
<td>9,985 - 19,969</td>
<td>0.1188</td>
<td>247.10 hours / 30.89 days*</td>
</tr>
<tr>
<td>19,970 - over</td>
<td>0.143</td>
<td>297.44 hours / 37.18 days*</td>
</tr>
</tbody>
</table>

*Based on an eight (8) hour day.

**Major Medical:** This benefit is designed to allow accrued of sick leave for major illnesses. Accrued hours are used when an illness exceeds seven consecutive days in duration. This benefit may be retroactive to the first day of such illness. Major medical is earned at a rate of 0.03 hours per hour worked. Maximum bank may not exceed 480 hours.

**Jury Duty:** Employees are paid at their regular rate of pay for jury duty. Employer must turn in check paid to them from Government Agency to Finance.

**Bereavement:** Employees receive paid leave for death in the immediate family up to a maximum of working 24 hours.

**CUSTOMER SERVICE & OTHER IMPORTANT CONTACT NUMBERS**

<table>
<thead>
<tr>
<th>BLUE CROSS BLUE SHIELD</th>
<th>Medical - Blue Cross Blue Shield Customer Service (Group No.: 721600): 1-800-432-0750</th>
</tr>
</thead>
</table>
|                         | **BENEFITS SOURCE**  
|                         | Dental - Benefits Source (Group No. AAD NMP 552012): 888-422-1995 www.benefitssource.org |
|                         | VISION SERVICE PLAN  
|                         | Vision - VSP (Group No. 30336369): 1-888-877-7195 www.vsp.com |
|                         | **RELIANCE STANDARD**  
|                         | Travel Assistance:  
|                         | Within the U.S.: 1-800-456-3893  
|                         | Outside the U.S: 1-603-328-1966 |
|                         | **HEALTHCARE EAP**  
|                         | **ALLSTATE**  
|                         | Supplemental Voluntary Products - Allstate (Group No. GVCP3-Cancer, GVCP2-Critical Illness, GVAP1-Accident): 1-800-521-3535 |
|                         | **BENEFITS TECHNOLOGIES**  
|                         | Enrollment Call Center: 1-888-735-0880 Email: customerservice@benefitel.com |

**EMPLOYER PAID LIFE & DISABILITY BENEFITS**

**Employer Paid Life Insurance and AD&D**

Taos Health Systems provides Life and Accidental Death and Dismemberment (AD&D) coverage for full-time employees. The benefit pays your beneficiary 1 times your annual earnings. Maximum limits apply. The AD&D provides an additional benefit if your death was accidental or if you have a dismembering injury. This coverage is provided at no cost to regular full-time employees.

**Employer Paid Dependent Life** is provided for spouse and child (ren). The employee must provide the SSN and DOB of your spouse and/or dependent upon enrollment. Spouse coverage is for $2,000; coverage for children (up to 19 years old, or if full time student, up to age 26) is $1,000. This coverage is provided at no cost to regular full-time employees.

**Employer Paid Long-Term Disability**

Taos Health Systems provides full-time employees with a long-term disability benefit. Maximum limits apply. Benefits begin on the 91st day of disability and will continue to normal retirement age. This coverage is provided at no cost to regular full-time employees.

**HEALTHCARE EAP**

**Employee Assistance Program (EAP)**

Through professional and confidential counseling and referrals, this program helps you and your family with personal and professional problems. All services are confidential. Each employee or family member receives three sessions per issue per year. This coverage is provided at no cost to all employees.

**VOLUNTARY LIFE & DISABILITY BENEFITS**

**Voluntary Life Insurance and AD&D**

Taos Health Systems offers employees the opportunity to purchase additional life insurance in increments of $10,000 up to a maximum of $500,000, not to exceed 5X your annual earnings. Evidence of Insurability will be needed to submit and approved for the purchase of amounts in excess of the Guaranteed Issue amount, or $150,000.

**Voluntary Dependent Life and AD&D**

Taos Health Systems offers employees an opportunity to purchase Life and AD&D insurance for their spouse and child(ren). Dependent coverage cannot exceed 5X the employee’s amount, and the employee must purchase voluntary coverage for themselves in order to purchase coverage for spouse and child(ren). Spouse coverage is available up to $25,000 without evidence of insurability (guarantee issue), or $500,000 with evidence. Child coverage is available to a maximum of $10,000.

**Voluntary Short-Term Disability**

Taos Health Systems offers employees an opportunity to purchase Short-Term Disability insurance. This coverage is for a benefit equal to 60% of your basic weekly earnings, maximum limits apply. Benefits begin on the 15th day of disability and will continue for a maximum of 11 weeks.

**VOLUNTARY SUPPLEMENTAL PRODUCTS**

**Allstate**

Taos Health Systems offers employees the opportunity to purchase Voluntary Worksite Products such as Critical Illness, Cancer and Accident.

**OTHER TAOS HEALTH SYSTEMS BENEFITS**

**403(b) Retirement Plan**

Regular full-time and Regular Part-time employees will be automatically enrolled approximately 90 days from their date of hire or if 1% of their salary is enrolled. Employees may opt out or make changes to their bi-weekly contributions at any time during their employment with THS by going online at: www.valic.com and/or by calling (800) 435-2525. After the employee’s 1 year of continuous employment, THS will match an employee’s contribution on a bi-weekly basis pursuant to the terms agreed upon in the plan document.

The 403b Retirement Plan is administered by VALIC Retirement Services Company.

THS contracts with an Independent Retirement Plan Consultant to monitor plan investment performance and plan compliance:

**Jerome Peffer, AIF, CRIC, LIFA**  
Investment Solutions Group, Inc.  
LPL Financial  
Direct: (505) 888-4015  
Cell: (505) 250-1088  
jerome.peffer@lpl.com

**Jessica Bicoll, CFP, ChFC, CRPC**  
Investment Solutions Group, Inc.  
LPL Financial  
Direct: (505) 795-7678  
jessica.bicoll@lpl.com

**Direct Deposit**

Employees must arrange to have paychecks deposited electronically and may direct employees to the four direct deposit accounts:

1. Once annually, during your birthday month, employees will receive a 20% discount on a single purchase from the Hospital gift shop.
2. The Hospital cafeteria provides discounted lunch and dinners.

**Education**

Financial assistance in the form of loans may be available to regular full-time employees who wish to enroll in an approved course of study related to their job after 6 months of full time employment.

**Prepared for Taos Health Systems by**

HUB International Insurance Services  
7776 Jefferson NE, Suite 101, ABQ, NM 87109  
505.828.4000  
800.800.5661

**Rev. 02/02/2016**

**Benefit Choices 2016 Plan Year**

Here at Taos Health Systems, we take our benefit program seriously — this is why we take the time each year to review our benefits. Not only do we try to provide you with quality benefit options, but this absorbs a large portion of the cost for many of the benefits including a significant BCBS premium increase for 2016.

Who is Eligible?

Regular, full-time employees with an FTE of 0.7 through 1.0 (28 hrs per week or more) are eligible for benefits starting on the first day of the month following their date of hire. Regular part-time employees with an FTE of 0.4 through 0.6 (16 hrs per week or more) are also eligible for all benefits—including employer paid coverage’s – starting on the first day of the month following their date of hire. Employees who are eligible for benefits can also enroll their dependents for some benefits. Dependents include:

- Legal spouse / domestic partner (affidavit must be filed with HR)
- Dependent children up to age 26