

## 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 and in more than 170 countries and territories. There is no need to file claims for services received from Preferred Providers.

Provider		Blue Cross Blue Shield					
		Dual Choice					
Plan		Buy-Up PPO			Base/HDHP PPO		
Coverage Description–Insured Responsibility		At Taos Health Systems	In Network	Out of Network	At Taos Health Systems	In Network	Out of Network
Deductible		Calendar Year			Calendar Year		
	Individual	\$750	\$1,500	\$3,000	\$2,600		\$2,600
	Family	\$1,500	\$3,000	\$6,000	\$5,150		\$5,150
Coinsurance (Most Services)		10%	25%	40%	10%	25%	40%
Calendar Year Out of Pocket Max		Includes Deductible, Coinsurance & Copays (Including Rx)			Includes Deductible & Coinsurance		
	Individual	\$3,500	\$5,000	\$10,000	\$5,000	\$6,500	\$10,000
	Family	\$7,000	\$10,000	\$20,000	\$10,000	\$13,000	\$20,000
Annual Calendar Year Maximum		Unlimited			Unlimited		
<b>Benefit Copays/Coinsurance</b>							
Office Visit		\$25 PCP / \$40 Specialist (deductible waived)	\$35 PCP / \$50 Specialist (deductible waived)	40% after deductible	10% after deductible	25% after deductible	40% after deductible
Routine/Preventative		No Charge		40% after deductible	No Charge		40% after deductible
Community Wellness Benefit		\$25 (deductible waived)	N/A	N/A	10% after deductible		
Urgent Care		N/A	\$50	40% after deductible	N/A	25% after deductible	40% after deductible
Emergency Room		\$150 (deductible waived)	\$300 (deductible waived)	\$300 (deductible waived)	10% after deductible	20% after deductible (initial visit) 40% after deductible (follow-up)	
Outpatient Surgery		10% after deductible	25% after deductible	40% after deductible	10% after deductible	25% after deductible	40% after deductible
Lab & X-Ray		10% (deductible waived)	25% (deductible waived)	40% after deductible	10% after deductible	25% after deductible	40% after deductible
MRI/PET/CT Scans		10% after deductible	20% after deductible	40% after deductible	10% after deductible	25% after deductible	40% after deductible
Hospitalization		10% after deductible	25% after deductible and add'l \$500 copay per admission	40% after deductible and add'l \$500 copay per admission	10% after deductible	25% after deductible	40% after deductible
Spinal Manipulation Services		N/A	25% after deductible (max 20 visits/year)	40% after deductible (max 20 visits/year)	N/A	25% after deductible (max 25 visits/year)	40% after deductible (max 25 visits/year)
Acupuncture Treatment		N/A	25% after deductible (max 20 visits/year)	40% after deductible (max 20 visits/year)	N/A	25% after deductible (max 25 visits/year)	40% after deductible (max 25 visits/year)
<b>Prescription Drug (Rx) Copays</b>		Participant will be responsible for the difference in retail price at the Non-Participating Pharmacy and the discounted price for the same drug at a Participating Pharmacy.			Participant will be responsible for the difference in retail price at the Non-Participating Pharmacy and the discounted price for the same drug at a Participating Pharmacy.		
<b>Retail</b>		<b>(30 day supply)</b>			<b>(30 day supply)</b>		
Generic Drug		15% (deductible waived)		Not Covered	25% after deductible		Not Covered
Formulary Brand Name Drug		20% (deductible waived)			50% after deductible		
Non Formulary Brand Name Drug		25% (deductible waived)			50% after deductible		
<b>Mail-Order Prescription Drugs</b>		<b>(90 day supply, 360 units whichever is less)</b>			<b>(90 day supply, 540 units whichever is less)</b>		
Available through PrimeMail		15% /20%/25% (deductible waived)		Not Covered	25% /50%/50% All subject to deductible		Not Covered
Specialty Drug		<b>(30 day supply or 120 units, whichever is less) 25% up to \$500 copay per prescription</b>			<b>(30 day supply or 120 units, whichever is less) 25%/50% after deductible</b>		

**Certain services will NOT be covered if no prior authorization. All inpatient admissions and certain outpatient procedures. A \$300 Copay penalty will be required for all other services requiring prior authorization if not obtained. Please see benefit booklet for details. Pre-Authorization Requirements: 1-800-325-8334**

## BENEFIT DEFINITIONS

**Copayment:** The fixed dollar amount that you are responsible to pay the provider/facility 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 a claim/cost of service, before your health plan begins to pay their 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.

## Medical for Employees Per Pay Period - 26 Pay Periods Per Year

56-80 hours per pay period:	Buy-up PPO	Base/HSA PPO
Employee Only	\$62.18	\$48.42
Employee + One	\$127.31	\$96.84
Employee + Family	\$160.89	\$125.30
32-55 hours per pay period:	Buy-up PPO	Base/HSA PPO
Employee Only	\$111.91	\$87.16
Employee + One	\$223.83	\$174.32
Employee + Family	\$330.68	\$255.62

## 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 DENTAL BENEFITS

Taos Health Systems offers a comprehensive dental plan administered by Benefit Source. With this plan you can visit any dentist you choose. However, if you use a network 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 Benefit Highlights Member Coinsurance

	Year 1	Year 2	Year 3
Preventive Services	\$0 Deductible 20% Coins.	\$0 Deductible 0% Coins.	\$0 Deductible 0% Coins.
Basic Services	\$50 Deductible 50% Coins.	\$50 Deductible 35% Coins.	\$50 Deductible 20% Coins.
Major Services	\$50 Deductible 75% Coins.	\$50 Deductible 65% Coins.	\$50 Deductible 50% Coins.
Calendar Year Maximum	\$1,200		
Orthodontia Services - Child Only (up to 19 years old)	\$0 Deductible 50% Coins.	\$0 Deductible 50% Coins.	\$0 Deductible 50% Coins.
	Lifetime Max for Ortho Per Person - \$1,000		

## Voluntary Dental for Employees Per Pay Period - 26 Pay Periods Per Year

Employee Only	\$11.24
Employee + One	\$22.07
Employee + Family	\$38.52

## VOLUNTARY VISION BENEFITS

Taos Health Systems offers a comprehensive vision program administered by VSP through Benefit Source’s Dental Plan. Using a VSP provider will allow you to maximize your benefits and limit your out-of-pocket costs.

## Voluntary Vision Benefit Highlights Coverage from a VSP Signature Provider

**Annual Vision Exam** focuses on your eye health and overall well-ness.....**every 12 months**  
- \$10 Annual Deductible for exam

**Prescription Glasses:**  
**\$25 Annual Deductible on Materials**

**Lenses**.....**every 12 months**  
- Single vision, lined bifocal & lined trifocal lenses, lenticular - Covered in Full

**Frame**.....**every 12 months**  
- \$120 Allowance for frame of your choice  
- 20% off amount over your allowance

~OR~

**Contact Lens Care**.....**every 12 months**  
- Necessary: Covered in Full  
- Elective: \$120 materials allowance  
\$60 maximum copay for exam & fitting

### Non-VSP Provider Reimbursement Amount<sup>1</sup>

Exam.....	\$50
Single Vision Lenses.....	\$50
Lined Bifocal Lenses.....	\$75
Lined Trifocal Lenses.....	\$100
Lenticular Lenses.....	\$125
Frame.....	\$70
Contacts:	
Necessary.....	\$210
Elective.....	\$105

<sup>1</sup>Patient pays and is reimbursed for the set amount, patient is responsible for remainder.

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

**www.vsp.com**

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

## Voluntary Vision for Employees Per Pay Period - 26 Pay Periods Per Year

	VSP through Benefit Source
EE Only	\$6.54
EE + One	\$9.48
EE + Family	\$17.00

## LEAVE TIME

**Personal:** Accrued days may be used the full pay period following completion of 3 months. Annual accrual is based on hours worked, up to 2080 hours.

Life Hours	Accrual	Maximum Accrual
0 - 9,984	0.0917	190.74 hours / 23.84 days*
9,985 - 19,969	0.1188	247.10 hours / 30.89 days*
19,970 - over	0.143	297.44 hours / 37.18 days*

\*Based on an eight (8) hour day.

**Jury Duty:** Employees are paid at their regular rate of pay for jury duty. Employee 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

<p><b>BLUE CROSS BLUE SHIELD</b>                      Medical - Blue Cross Blue Shield Customer Service (Group No.: 721600):  <b>1-800-432-0750</b>                      Pre-Authorization- Medical: <b>1-800-325-8334</b>                      Blue Card Access- To find providers outside of NM: <b>1-800-810-2583</b>                      Pre-Authorization- Mental Health/Chemical Dependency: <b>1-888-898-0070</b>                      24/7 Nurse Line: <b>1-800-973-6329</b>                      Pharmacy Benefits - Prime Therapeutics: <b>1-800-821-4795</b>  <b>www.bcbsnm.com</b></p>
<p><b>BENEFITS SOURCE</b>                      Dental - Benefits Source (Group No. AAD NMP 552012): <b>888-422-1995</b>  <b>www.benefitsource.org</b></p>
<p><b>VISION SERVICE PLAN</b>                      Vision - VSP (Group No. 30036309) : <b>1-800-877-7195</b>  <b>www.vsp.com</b></p>
<p><b>RELIANCE STANDARD</b>                      Life &amp; Disability - Reliance Standard (Group No. Life/AD&amp;D: GL 155193, Voluntary Life: GL 154589, Voluntary AD&amp;D: VAR 206687 LTD: 126996, &amp; STD: STD 164558: <b>1-800-351-7500</b>  <b>www.reliancestandard.com</b>                      Travel Assistance:                      Within the U.S.: 1-800-456-3893                      Outside the U.S.: 1-603-328-1966</p>
<p><b>HEALTHCARE EAP</b>                      Employee Assistance Program - HealthCare EAP: <b>1-800-252-4555</b>  <b>www.HealthCareEAP.com</b></p>
<p><b>ALLSTATE</b>                      Supplemental Voluntary Products - Allstate                      (Group No. GVCP3-Cancer, GVCIP2-Critical Illness, GVAP1-Accident):  <b>1-800-521-3535</b></p>
<p><b>BENEFITS TECHNOLOGIES</b>                      Enrollment Call Center  <b>1-800-735-0080</b>                      Email: <a href="mailto:customerservice@benteccl.com">customerservice@benteccl.com</a></p>

## 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 dependents upon enrollment.** Spouse coverage is for \$2,000; coverage for child(ren) 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.**

### Employer Paid Short-Term Disability

The plan provides full-time employees a benefit equal to 60% of your basic weekly earnings, maximum limits apply. Benefits begin on the 31st day of disability and will continue for a maximum of 90 days. **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 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 annual earnings. Evidence of Insurability will need to be submitted and approved for the purchase of amounts in excess of the Guarantee 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 100% of 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 SUPPLEMENTAL PRODUCTS

### Allstate

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

## OTHER TAOS HEALTH SYSTEMS BENEFITS

403(b) Retirement Plan	<p>Regular Full-time and Regular Part-time employees will be automatically enrolled approximately 90 days from their date of hire at 1% of their salary/pay rate. Employees may opt out or make changes to their bi-weekly contributions at any time during their employment with THS by going online at: <a href="http://www.valic.com">www.valic.com</a> and/or by calling (800) 448-2542. 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.</p> <p>The 403B Retirement Plan is administered by <b>VALIC Retirement Services Company</b>.</p> <p>THS contracts with an <b>Independent Retirement Plan Consultant</b> to monitor plan investment performance and plan compliance:</p> <p><b>Jerome Pfeffer, AIF, CRC, LIFA</b>                      Investment Solutions Group, Inc.                      LPL Financial                      Direct: (505) 888-4015                      Cell: (505) 250-1088  <a href="mailto:jerome.pfeffer@lpl.com">jerome.pfeffer@lpl.com</a></p> <p><b>Jessica Bicoll, CFP, ChFC, CRPC</b>                      Investment Solutions Group, Inc.                      LPL Financial                      Direct: (505) 795-7678  <a href="mailto:jessica.bicoll@lpl.com">jessica.bicoll@lpl.com</a></p>
Direct Deposit	Employees must arrange to have paychecks deposited electronically and may designate up to four direct deposits accounts.
Employee Discounts	<ol style="list-style-type: none"> <li>Once annually, during your birthday month, employees will receive a 20% discount on a single purchase from the Hospital gift shop.</li> <li>The Hospital cafeteria provides discounted lunch and dinners.</li> </ol>
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.



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# Taos Professional Services



## Benefit Choices 2016 Plan Year

Here at Taos Health Systems, we take our benefits 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 THS 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—excluding 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**