2011 Benefit Plan Handbook
for State and Local Public Body Employees

RISK MANAGEMENT DIVISION
General Services Department
December 2011

To: All State of New Mexico Employees and Employees of Participating Local Public Bodies

From: General Services Department
  Risk Management Division/ Employee Benefits Bureau

General Services Department, Risk Management Division, Employee Benefits Bureau is pleased to present the State of New Mexico “Employee Handbook” for the current benefit period through June 30, 2012.

This handbook is a valuable summary resource guide for all members. In addition, this handbook contains all the carriers’ toll free customer service phone numbers and websites.

The handbook also contains important information regarding Medical, Pharmacy, Dental, Vision, Basic and Supplemental Life, Flexible Spending Accounts, Legal, Auto and Homeowners insurance, Other Life Insurance Plans, Accident and Cancer, Disability and Premium Only Plan (POP) programs. Please see your Human Resource Office or Group Representative if you wish to “waive” POP; otherwise you will be automatically enrolled.

For additional information, please contact the carrier directly or you may call Risk Management Division toll free at 1-877-301-8041 for assistance, or visit the General Services Department, Risk Management Division, Employee Benefits Bureau website located at www.generalservices.state.nm.us/rmd/. This website provides you with the current offering of benefits and forms by carrier for State of New Mexico employees and employees of participating Local Public Bodies.

The success of our benefit plans depends on us, as employees, understanding the options available to us. Carefully read the enclosed information and remember the choices we make are for ourselves and for our families.

A big “Thank You” to our benefit partners who contributed to this handbook!

(The information provided in this handbook is only a brief summary of the benefits available. A complete description regarding the terms of coverage and exclusions and limitations will be provided in you insurance certificate or plan document.)
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<th>TOLL FREE #</th>
<th>WEB SITE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presbyterian</td>
<td>1-888-275-7737</td>
<td><a href="http://www.phs.org">www.phs.org</a></td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>1-877-994-2583</td>
<td><a href="http://www.bcbsnm.com">www.bcbsnm.com</a></td>
</tr>
<tr>
<td>Lovelace</td>
<td>1-877-232-1988</td>
<td><a href="http://www.statecustomercare@lovelace.com">www.statecustomercare@lovelace.com</a></td>
</tr>
<tr>
<td>Medco</td>
<td>1-800-743-1720</td>
<td><a href="http://www.medco.com">www.medco.com</a></td>
</tr>
<tr>
<td>Delta Dental</td>
<td>1-877-395-9420</td>
<td><a href="http://www.deltadentalnm.com">www.deltadentalnm.com</a></td>
</tr>
<tr>
<td>Vision Service Plan</td>
<td>1-800-877-7195</td>
<td><a href="http://www.vsp.com">www.vsp.com</a></td>
</tr>
<tr>
<td>ASI Flex New Mexico</td>
<td>1-800-659-3035</td>
<td><a href="http://www.asiflex.com">www.asiflex.com</a></td>
</tr>
<tr>
<td>Globe Life Insurance</td>
<td>1-866-298-9115</td>
<td><a href="http://www.esdglobe.com">www.esdglobe.com</a></td>
</tr>
<tr>
<td>ARAG Legal</td>
<td>1-800-247-4184</td>
<td><a href="http://members.ARAGgroup.com/NM">http://members.ARAGgroup.com/NM</a></td>
</tr>
<tr>
<td>Allstate Workplace Division</td>
<td>1-866-572-2895</td>
<td><a href="http://www.goforbenefits.com">www.goforbenefits.com</a></td>
</tr>
<tr>
<td>Travelers</td>
<td>1-888-695-4640</td>
<td><a href="http://www.travelers.com/somm">www.travelers.com/somm</a></td>
</tr>
<tr>
<td>Disability (Risk Management)</td>
<td>1-877-301-8041</td>
<td><a href="http://www.state.nm.us/gsd/rmd/disability.html">www.state.nm.us/gsd/rmd/disability.html</a></td>
</tr>
<tr>
<td>Employee Benefits Bureau</td>
<td>1-877-301-8041</td>
<td><a href="http://www.state.nm.us/gsd/rmd">www.state.nm.us/gsd/rmd</a></td>
</tr>
</tbody>
</table>

1. **When Can I Enroll?**
   A new employee has 31 days from the date of hire to elect any of the State of New Mexico’s benefit packages. An employee can enroll in the benefit package within 31 days of incurring a “change of status”. Open Enrollment allows an employee to enroll in a benefit that they may not have already selected.

2. **How to Enroll**
   a. Review Open/Switch Enrollment Booklet
   b. Fill out Enrollment Form to add or change benefits
   c. Return the completed form to your HR Representative
Important Employee Information

WHO’S ELIGIBLE?
An eligible employee includes anyone hired as classified, exempt, probationary, temporary, term or hourly if the employee is scheduled to work at least 20 hours per week and whose term of employment when hired is for six or more months. Independent contractors are not eligible under the State benefit plan. Employees must enroll within 31 days of their hire date. If an employee doesn’t enroll in 31 days, those employees are considered “late enrollees”.

Annualized salary is based on a 40-hour workweek, which is used to determine insurance premiums for those hired as hourly even if they are scheduled to work less than 40 hours per week.

Dependents may also be covered under the State’s benefit plan if they are one of the following*

- A lawful spouse
- Unmarried, natural children up to the age of 25**
- Adopted children
- Stepchildren
- Domestic Partners (must complete Affidavit of Domestic Partnership)

*Extended family members are not eligible under any circumstance.
**Health Care Reform will change this rule

EFFECTIVE DATES
For Open/Switch enrollment, the effective dates of coverage begin on July 1.

For eligible employees paid on a bi-weekly basis, insurance coverage will be effective on the first day of the third full pay period following their date of employment. Remember, pay periods begin on Saturdays. The employee must work two full pay periods in order for benefits to be effective.

*Please remember it is the Employee’s responsibility to ensure that deductions are being made and that they are correct.
Please review your pay checks. If you have any questions, please contact your HR office.

(continued on next page)
IMPORTANT EMPLOYEE INFORMATION

(continued from previous page)

CHANGE IN FAMILY STATUS

The State of New Mexico has put into place a Section 125 Pre-Tax Plan. Certain coverages you contribute to are deducted from your paycheck on a pre-tax basis. The IRS rules are that when you elect to have your deductions taken out with pre-tax dollars, you also agree to remain in the benefit plan of your selection for one full year, unless you experience a change in family status. Examples of changes in family status include the following:

- Change in job status
- Marriage
- Divorce
- Death of a spouse or dependent
- Birth of a child
- Adoption
- Any change of status as defined by Section 125 of the Internal Revenue Service Code

If you have incurred a “change in status”, coverage will become effective the day following the change, provided the enrollment change is made within 31 days of the “change in status”.

Example: You have a newborn and wish to enroll your new baby. You must see or call your local Human Resource Office and submit a change application within 31 days from the date of birth in order for the newborn to have coverage.

If you DO NOT make the change within the 31 days of the change in family status, you lose your right to make changes to your initial enrollment.

(This is a brief summary provided for this handbook; see your local Human Resource Office for the full RMD Administrative Manual)
POP Will Save You Money

POP is the State’s PREMIUM ONLY PLAN. This is an IRS program that allows State employees to have their health, dental, and vision insurance premiums removed from their pay BEFORE TAXES are calculated and deducted.

Reducing taxable income INCREASES NET TAKE HOME PAY! This is how POP saves you money; it’s that simple.

To simplify the process you will be automatically enrolled unless you return a waiver form rejecting this benefit.

For more information on how POP works, please review this section or contact your agency Group Representative.

WHO IS ELIGIBLE TO PARTICIPATE?
All State employees who are enrolled in any of the State group medical, dental, and/or vision plans will be enrolled in the Premium Only Plan (unless waived). New employees become eligible when their insurance becomes effective.

HOW DO I ENROLL?
If you wish to participate or continue to participate, do nothing: you will be automatically enrolled. If you do not want to participate in the POP program, please see your agency Group Representative or H.R. office. An employee letter indicating the POP election is not wanted is required.

HOW DOES THE PLAN WORK?
With this plan, the eligible premiums are deducted before any tax or Social Security (FICA) deductions are made. The health, dental, and vision coverage is paid for with “pre-tax dollars.” The income reported on your annual W-2 form is reduced by the amount of the insurance premiums and the taxable income is therefore lower. This is permitted under special sections of the Internal Revenue Code.

IF I WAIVE COVERAGE CAN I ENROLL LATER?
Not until the next annual POP enrollment period. Late enrollments are not permitted under IRS regulations.

AS I PARTICIPATE IN POP, CAN I USE MY MEDICAL, DENTAL AND/OR VISION PREMIUMS AS A DEDUCTION ON MY INDIVIDUAL INCOME TAXES?
No. You will already have received your tax savings by participating in this plan.

WHEN WILL THE EFFECT OF POP SHOW UP ON MY PAYCHECK?
Your pre-tax premium payment will appear on the 1st or 2nd paycheck in July. New employees will see the effects of the program when the first premium for medical, dental and/or vision insurance is deducted from the paycheck.
CAN I HAVE JUST PART OF MY PREMIUM PAID THROUGH POP?
No. Only your full eligible premiums can be paid through this plan.

WHAT EFFECT WILL POP HAVE ON MY RETIREMENT BENEFITS?
None. PERA will continue to be calculated on original gross salary before the reduction for premium payment.

WHEN CAN I CHANGE MY POP ENROLLMENT?
Within 31 days after your family status has changed, this includes marriage, divorce, birth of a child, the death of your spouse or a dependent, your spouse’s ending or beginning employment, when you or your spouse switch from part-time to full-time employment or full-time to part-time, or when you or your spouse take an unpaid leave of absence which impacts your medical, dental, and/or vision enrollment.

WHAT IF I WANT TO CHANGE OR DISCONTINUE MY INSURANCE COVERAGE DURING THE YEAR AND HAVE NOT HAD A CHANGE IN FAMILY STATUS?
According to IRS guidelines, once you are enrolled in POP you may not change your deduction until the end of the POP plan year.

WITH POP, INSURANCE PREMIUMS ARE DEDUCTED FROM YOUR PAYCHECK BEFORE TAXES ARE DEDUCTED. THE RESULT IS A SMALLER TAX BITE AND MORE MONEY IN YOUR POCKET. IT'S THAT EASY!

WHAT’S THE CATCH?
There really is no “catch.” The State’s POP is a fully legal form of “Cafeteria Plan,” a mechanism for offering group benefit plans which is regulated by Section 125 of the Internal Revenue Code. There are three situations why POP may not be advantageous:

• A lower FICA base may affect your Social Security retirement benefit slightly depending on how far in the future retirement begins. Because your Social Security base is reduced, the final average used in determining your Social Security pension may be affected. However, the impact on Social Security Benefits described above is so minimal that POP should be beneficial to nearly 100% of State employees.

• Current tax laws allow employees who itemize deductions to deduct insurance premiums on their federal income tax forms. However, medical expenses - including insurance premiums - are deductible only if out-of-pocket medical expenses for the year exceed 7.5% of income. Therefore, very few people are able to take this IRS deduction, so POP is generally more advantageous. If you participate in POP, you will not be able to deduct insurance premiums.

• There are rules for tax credits for people with young children covered by employee paid health plans, which make it advantageous to pay premiums with post-tax dollars. This tax credit is not as beneficial to many people when compared to the exclusion from income offered by POP. These rules, however, are complex and you should consult your tax advisor if this might apply to you.
Freedom can make you feel better.

Presbyterian Health Plan has a long tradition of providing quality health care to State of New Mexico employees and their families.

As the only community-owned healthcare organization in New Mexico and provider of healthcare benefits to nearly 400,000 New Mexicans, Presbyterian Health Plan gives you more freedom to manage your health care.

With Presbyterian, you have access to a robust network of more than 9,000 practitioners and facilities throughout New Mexico, including the most preferred* healthcare organization by area residents.

State employees can also receive in-network benefits outside of New Mexico through our partnership with the national Multiplan/PHCS network. Visit www.phcs.com to locate participating providers.

*2010 Brand Preference Study, Research and Polling, Inc.

(505) 923-5600
1-888-ASK-PRES (1-888-275-7737)

PRESBYTERIAN Health Plan

www.phs.org
STATE OF NEW MEXICO SUMMARY OF BENEFITS

The following are the Highlights of the HMO administered by Presbyterian Health Plan for State of New Mexico employees Statewide. These benefits are effective 7/1/10 through 6/30/11. The specific terms of coverage, limitations and exclusions are detailed in Sections 2, 4, and 5 of the Summary Plan Description.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>Benefit Highlights</th>
<th>HMO PLAN</th>
<th>Participating and out-of-state MP/PHCS Provider Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Member deductible (Contract Year)</td>
<td>Single</td>
<td>$150</td>
</tr>
<tr>
<td></td>
<td>2-Party</td>
<td>$300</td>
<td></td>
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<tr>
<td></td>
<td>Family</td>
<td>$450</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Out-of-Pocket Maximum (Contract Year)</td>
<td>Single</td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td>2-Party</td>
<td>$6,000</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$9,000</td>
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</tr>
<tr>
<td></td>
<td>Lifetime maximum</td>
<td>Unlimited (Certain services are subject to Contract Year and/or lifetime maximums or are limited per condition.)</td>
<td></td>
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<tr>
<td>Physician Services</td>
<td>Office visit</td>
<td>$15 office visit Copay&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>Primary/GYN care</td>
<td>$30 office visit Copay</td>
<td></td>
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<tr>
<td></td>
<td>Specialty care</td>
<td>$15 Copay per visit&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>On-campus student health center</td>
<td>$15 Copay per visit&lt;sup&gt;3&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>Preventive services</td>
<td>No Copay&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>Routine physicals</td>
<td>No Copay&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>Well child care including vision and hearing screening (through age 25)</td>
<td>No Copay&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>Immunizations</td>
<td>No Copay&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
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<td></td>
<td>Adult wellness</td>
<td>No Copay&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>Health education programs</td>
<td>Fees Vary (based on service)</td>
<td></td>
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<tr>
<td></td>
<td>Laboratory</td>
<td>10%</td>
<td></td>
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<tr>
<td></td>
<td>X-ray</td>
<td>10%</td>
<td></td>
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<tr>
<td></td>
<td>Allergy testing and treatment</td>
<td>$30 office visit Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allergy injections by a nurse</td>
<td>No Copay&lt;sup&gt;5&lt;/sup&gt;</td>
<td></td>
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<tr>
<td></td>
<td>Allergy extract preparation</td>
<td>No Copay</td>
<td></td>
</tr>
<tr>
<td>Hospital Services</td>
<td>Hospitalization (includes room and board, Inpatient Physician care – Physician visits, surgeon, and anesthesiologist)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$400 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inpatient rehabilitation services&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$400 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Laboratory</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>X-ray</td>
<td>10%</td>
<td></td>
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<tr>
<td></td>
<td>MRI/PET Scans/CT Scans&lt;sup&gt;3&lt;/sup&gt;</td>
<td>10% Coinsurance up to a maximum of $200 per test per day</td>
<td></td>
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<tr>
<td></td>
<td>Hospital Observation Services (no Admission)</td>
<td>$200 Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Surgery – Outpatient (no Hospital Admission) – Facility claim only</td>
<td>10% Coinsurance</td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td>Copay</td>
<td></td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>--------------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Maternity Services</strong></td>
<td>Physician/midwife services (delivery, prenatal/postnatal care)</td>
<td>$15 Copay – initial visit only, all other visits no Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Note: Copay does not include laboratory or x-ray services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Genetic testing and counseling</td>
<td>Copay based on place of service</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home Birth</td>
<td>No Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospital Admission</td>
<td>$400 Copay per pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Routine nursery care for newborns</td>
<td>No Copay</td>
<td></td>
</tr>
<tr>
<td><strong>Emergency Services</strong></td>
<td>Emergency room visit</td>
<td>$175 Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urgent Care center</td>
<td>$50 Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ambulance</td>
<td>$30 Copay per trip</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ground transportation</td>
<td>$100 Copay per trip</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Outpatient services</td>
<td>$30 office visit Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>$400 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial Hospitalization</td>
<td>$200 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residential Treatment Center (limited to 60 days/Contract Year; must be Medically Necessary)</td>
<td>$400 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>Outpatient services</td>
<td>$30 office visit Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Acute Inpatient Hospital services 3</td>
<td>$400 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Partial Hospitalization 3</td>
<td>$200 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intensive Outpatient (non-Step Down)3</td>
<td>$400 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Residential Treatment Center (limited to 60 days/Contract Year; must be Medically Necessary)</td>
<td>$400 Copay per Admission</td>
<td></td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td>Biofeedback (for specified medical conditions only)</td>
<td>$30 office visit Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cardiac or pulmonary rehabilitation</td>
<td>$30 office visit Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chemotherapy and/or radiation therapy</td>
<td>No Copay in Physician’s office</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chiropractic, Acupuncture, Rolfing, and massage therapy ($1,500 combined Contract Year max.)</td>
<td>$30 office visit Copay</td>
<td></td>
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<tr>
<td></td>
<td>Naprapathic Services ($1,500 Contract Year max)</td>
<td>$30 office visit Copay</td>
<td></td>
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<tr>
<td></td>
<td>Dental services (for specified medical conditions only)</td>
<td>$400 Copay per Admission</td>
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<tr>
<td></td>
<td>Inpatient</td>
<td>$30 office visit Copay</td>
<td></td>
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<tr>
<td></td>
<td>Outpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dialysis</td>
<td>No Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Durable Medical Equipment, orthotics, prosthetics and appliances</td>
<td>20%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Injectable drugs received in the office 3</td>
<td>Included in office visit copay based on the location of the services (PCP, Specialist, etc.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If billed in conjunction with an office visit</td>
<td>No Copay</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If provided by a nurse and no office visit is billed</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Home health care 3</td>
<td>$30 Physician Copay; no Copay for nursing services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hearing Aids (to include repair, replacement, and associated testing)</td>
<td>Plan pays 100% up to a maximum of $2500 per hearing impaired ear every 36 months 5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hospice</td>
<td>No Copay 7</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bereavement counseling (limited to 3 sessions during the Hospice benefit period)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Respite care (lifetime maximum of 2 sessions of up to 10 days for each Hospice benefit period)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Other Services (cont’d)

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infertility related services</td>
<td>(only limited services covered)</td>
<td>Copay based on services</td>
</tr>
<tr>
<td>Physical, occupational and speech therapy</td>
<td></td>
<td>$30 office visit Copay</td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>(Admission Copay waived if readmitted within 15 days)&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$400 Copay per Admission</td>
</tr>
<tr>
<td>Sleep disorder studies</td>
<td>Inpatient&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$400 Copay per Admission</td>
</tr>
<tr>
<td></td>
<td>Sleep lab (2 nights)</td>
<td>10% Coinsurance</td>
</tr>
<tr>
<td>Smoking cessation</td>
<td></td>
<td>50% Coinsurance</td>
</tr>
<tr>
<td>Surgical services</td>
<td>Inpatient</td>
<td>Covered as part of Hospital Admission</td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td>10% Coinsurance (Facility claim only)</td>
</tr>
<tr>
<td></td>
<td>In-Office</td>
<td>Included in PCP office visit Copay&lt;sup&gt;3&lt;/sup&gt;</td>
</tr>
<tr>
<td></td>
<td>PCP</td>
<td>$30 office visit Copay</td>
</tr>
<tr>
<td></td>
<td>Specialist</td>
<td></td>
</tr>
<tr>
<td>Reconstructive Surgery&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Inpatient</td>
<td>$400 Copay per Admission</td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td>10% Coinsurance (Facility claim only)</td>
</tr>
<tr>
<td>Weight loss programs (Morbid Obesity treatment only)</td>
<td>Inpatient&lt;sup&gt;3&lt;/sup&gt;</td>
<td>$400 Copay per Admission</td>
</tr>
<tr>
<td></td>
<td>Outpatient</td>
<td>$30 office visit Copay</td>
</tr>
<tr>
<td>Transplants&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Coverage for human organ transplants (refer to Sections 4 and 5 for details on transplant coverage)</td>
<td>Copays based on place of service</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Administered by Medco. Call Medco at 1-800-743-1720.</td>
<td></td>
</tr>
</tbody>
</table>

<sup>1</sup> Ambulance Copay is waived if transportation is Medically Necessary and results in a Hospital Admission.

<sup>2</sup> The $175 emergency care is waived if a Hospital Admission results. Then, the Hospital Admission Copay applies.

<sup>3</sup> Benefit Certification may be required. See Section 2 for Benefit Certification requirements and potential penalties.

<sup>4</sup> This benefit includes an annual maximum payment, annual visit limitation, lifetime visit limitation and/or lifetime maximum payment. Refer to Sections 2 and 4 of this booklet.

<sup>5</sup> Not subject to the Deductible.
Feel better. Stay healthy. Live well.

Providing health care to New Mexico for over a century, Presbyterian is uniquely woven into the fabric of this state. As an active partner with the State of New Mexico, we provide employees with the tools they need to feel better, stay healthy and live well.

Healthy Advantage Wellness Program
Together, the State of New Mexico and Presbyterian offer an interactive wellness program to help you improve and maintain your health and well-being. Through personal health assessments, onsite screenings, flu-shot clinics, health fairs, and more, members can follow the steps to healthier living.

NurseAdvice New Mexico – 1-866-221-9679
Registered nurses are available 24 hours, 7 days a week to answer questions about specific health problems and to provide assistance with self-care of minor illnesses or injuries.

WebMD Health Manager
This online personal health management site, powered by one of the most trusted sources of medical information, helps you identify personal health risks, provides recommendations for improving those risks, and offers other easy-to-use tools to help make healthy lifestyle changes. WebMD Health Manager is available exclusively through Pres Online, Presbyterian’s online service for health plan members. To register or to log in to Pres Online, visit www.phs.org.

Value Added Discounts
Presbyterian members receive valuable discounts for acupuncture, chiropractic care, massage therapy, hearing hardware, and more through participating BenefitSource providers.

Smoking Cessation Program
If you’d like to quit smoking or using tobacco products, call the Tobacco Quit Line, 1-888-840-5445, for confidential support at no additional cost.

(505) 923-5600
1-888-ASK-PRES (1-888-275-7737)
PPO Plan
A comprehensive and versatile plan to meet the health care needs of you and your family.

This State of New Mexico plan administered by Blue Cross and Blue Shield of New Mexico gives you the most choice in providers and the security of a health plan that is recognized around the world.

Value that the Blues brings to you:

- Coverage for services from both preferred and nonpreferred providers
- In-network access through BlueCard® to leading medical groups, treatment centers, and hospitals nationwide
- Extensive health and wellness tools, including rewards and discounts
- Customer Advocates available to you toll-free – located in New Mexico and answering your calls “live”


For more information call 1-877-994-2583

Or go to bcbsnm.com/member and select State of New Mexico in the drop-down box below Large Groups.
Summary of Benefits: July 1, 2010

The following are the highlights of the State of New Mexico PPO Plan administered by Blue Cross and Blue Shield of New Mexico. Any services received must be medically necessary to be covered.

### Benefit Highlights

<table>
<thead>
<tr>
<th>Highlight of Cost-Sharing Features</th>
<th>Preferred Provider[^1,^2]</th>
<th>Nonpreferred Provider[^1,^2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Plan Year Deductible[^1]</td>
<td>$400 Individual</td>
<td>$1,600 Individual</td>
</tr>
<tr>
<td></td>
<td>$800 Two-Person</td>
<td>$3,200 Two-Person</td>
</tr>
<tr>
<td></td>
<td>$1,200 Family*</td>
<td>$4,800 Family*</td>
</tr>
<tr>
<td>Annual Plan Year Out-of-Pocket Limit[^1]</td>
<td>$3,000 Individual</td>
<td>$6,000 Individual</td>
</tr>
<tr>
<td></td>
<td>$6,000 Two-Party</td>
<td>$12,000 Two-Party</td>
</tr>
<tr>
<td></td>
<td>$9,000 Family*</td>
<td>$18,000 Family*</td>
</tr>
</tbody>
</table>
| Lifetime Maximum                 | Unlimited (Certain services are subject to Plan year and/or lifetime maximums or are limited per condition.) |}

### Type of Service

#### Physician Services, Office

<table>
<thead>
<tr>
<th>Description of Service and Limitations</th>
<th>Your Share After Plan Year Deductible[^1,^2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPO Primary Provider (PPP) Office Visit/Exam Copayment (nonpreventive)</td>
<td>Preferred Provider</td>
</tr>
<tr>
<td>— Office Surgery (including casts, splints, etc.)</td>
<td>$25 per visit (deductible waived)</td>
</tr>
<tr>
<td>— Lab Tests, X-Rays, EKGs, Other Diagnostics</td>
<td>$25 per visit (deductible waived)</td>
</tr>
<tr>
<td>Other Non-Routine Office Services: Includes services of non-PPP preferred providers (PPO Specialists) and nonpreferred providers.</td>
<td>Nonpreferred Provider</td>
</tr>
<tr>
<td>— Office Surgery</td>
<td>$40 per visit[^4]</td>
</tr>
<tr>
<td>— Therapeutic Injections, Allergy Tests, Serum</td>
<td>$40 per visit[^4]</td>
</tr>
<tr>
<td>— Allergy Injections</td>
<td>No copay (deductible waived)</td>
</tr>
<tr>
<td>Preventive Adult Services, including immunizations, lab, x-ray, colonoscopies, Pap tests, mammograms, immunizations, and other wellness services</td>
<td>No copay (deductible waived)</td>
</tr>
<tr>
<td>Preventive Well-Child Care (through age 17), including lab, x-ray, immunizations, routine vision screening, etc.</td>
<td>No copay (deductible waived)</td>
</tr>
</tbody>
</table>

#### Diagnostic Testing, Outpatient

<table>
<thead>
<tr>
<th>Description of Service and Limitations</th>
<th>Your Share After Plan Year Deductible[^1,^2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>PET scans[^4], CT scans[^4], MRIs, (unless covered as part of a fixed-dollar copayment during ER visit, admission, etc.)</td>
<td>10%[^4] (up to a max. member share of $200 per test)</td>
</tr>
<tr>
<td>Other lab, x-ray, sleep studies[^4], genetic testing &amp; counseling[^4], EKGs</td>
<td>10%[^4]</td>
</tr>
</tbody>
</table>

#### Inpatient Hospital Services, Acute Care

<table>
<thead>
<tr>
<th>Description of Service and Limitations</th>
<th>Your Share After Plan Year Deductible[^1,^2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalization (includes semi-private room, board, drugs, medications, and ancillaries; inpatient physician visits, surgeon, assistant, and anesthesiologist)</td>
<td>$400 per admission[^5]</td>
</tr>
<tr>
<td>No copay for related physician</td>
<td>40%[^3,^5]</td>
</tr>
</tbody>
</table>

#### Outpatient Hospital Services

<table>
<thead>
<tr>
<th>Description of Service and Limitations</th>
<th>Your Share After Plan Year Deductible[^1,^2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery – operating and recovery room Observation (nonemergency)</td>
<td>10%[^4]</td>
</tr>
<tr>
<td>Other treatment room services not otherwise specified in this Summary</td>
<td>10%[^4]</td>
</tr>
<tr>
<td>Related physician services</td>
<td>10%</td>
</tr>
</tbody>
</table>

#### Emergency Services and Urgent Care

<table>
<thead>
<tr>
<th>Description of Service and Limitations</th>
<th>Your Share After Plan Year Deductible[^1,^2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room or emergency observation room visit (and no operating room used)</td>
<td>$175 per visit</td>
</tr>
<tr>
<td>Emergency surgery (operating room used)</td>
<td>10%[^4]</td>
</tr>
<tr>
<td>Urgent care center</td>
<td>$50 per visit</td>
</tr>
<tr>
<td>Ambulance (nonemergency air transfer)</td>
<td>20%[^4]</td>
</tr>
<tr>
<td>Ambulance (ground and emergency air transport)</td>
<td>20%[^4]</td>
</tr>
</tbody>
</table>

#### Transplants

<table>
<thead>
<tr>
<th>Description of Service and Limitations</th>
<th>Your Share After Plan Year Deductible[^1,^2]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone marrow, heart, heart-lung, liver, lung, pancreas-kidney, and other medically necessary transplants (Case management required. Maximums apply to covered travel, food, &amp; lodging.)</td>
<td>Applicable copays based on place and type of service[^4,^5,^6]</td>
</tr>
<tr>
<td>Not Covered</td>
<td></td>
</tr>
<tr>
<td>Type of Service</td>
<td>Description of Service and Limitations</td>
</tr>
<tr>
<td>----------------</td>
<td>---------------------------------------</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>Initial visit to confirm pregnancy</td>
</tr>
<tr>
<td></td>
<td>Physician/midwife services (delivery, prenatal/postnatal care)</td>
</tr>
<tr>
<td></td>
<td>Hospital admission</td>
</tr>
<tr>
<td></td>
<td>Routine nursery care for covered newborn (Child covered from birth, but must apply for coverage within 31 days.)</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse Rehabilitation Services</td>
<td>Outpatient/office services</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
</tr>
<tr>
<td></td>
<td>Partial hospitalization</td>
</tr>
<tr>
<td></td>
<td>Intensive outpatient program</td>
</tr>
<tr>
<td></td>
<td>Residential treatment center (max. 60 days/Plan year)</td>
</tr>
<tr>
<td></td>
<td>Related inpatient, RTC, partial hospital physician = No copay 7</td>
</tr>
<tr>
<td>Other Office and Home Services</td>
<td>Acupuncture, rolling, massage therapy, chiropractic services (max. benefit of $1,500/Plan year)</td>
</tr>
<tr>
<td></td>
<td>Biofeedback (for specified conditions only)</td>
</tr>
<tr>
<td></td>
<td>Cardiac or pulmonary rehabilitation</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy; radiation therapy; dialysis</td>
</tr>
<tr>
<td></td>
<td>TMJ/CMJ, oral surgery, &amp; dental accident services</td>
</tr>
<tr>
<td></td>
<td>Durable medical equipment, diabetics equipment and supplies; orthopedic appliances, prosthetics and orthotics (Rental benefits not to exceed the purchase price of a new unit. Supplies limited to a 30-day supply during a 30-day period.)</td>
</tr>
<tr>
<td></td>
<td>Hearing exam/test</td>
</tr>
<tr>
<td></td>
<td>Hearing aids (max. benefit of $2500 per ear every 36 months starting with date of purchase)</td>
</tr>
<tr>
<td></td>
<td>Home health care and home I.V. services (up to 100 visits/Plan year)</td>
</tr>
<tr>
<td></td>
<td>Hospice (lifetime max. benefit of $7,500)</td>
</tr>
<tr>
<td></td>
<td>Naprapathy treatment (max. benefit of $1,500/Plan year)</td>
</tr>
<tr>
<td></td>
<td>Smoking/tobacco use cessation</td>
</tr>
<tr>
<td></td>
<td>Short-term rehabilitation: inpatient and outpatient physical, occupational, and speech therapies, rehabilitation facility, skilled nursing facility</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Footnotes:**

1. All benefits are based on the covered charge as determined by BCBSNM. The deductible must be met before benefit payments are made for most covered services in a Plan year. (“Deductible waived” is indicated above for those services that are excluded from the deductible requirement.). Preferred provider amounts do not cross-apply to the nonpreferred provider deductible nor vice versa. A Plan year begins July 1 each year and ends on June 30 of the following year. Any amounts applied to the Plan year deductible during the last quarter of the Plan year (i.e., April 1 through June 30) will be used to help satisfy the next Plan year deductible. Note: A “PPP” is any preferred provider with a specialty of Family Practice, Internal Medicine, General Practice, Gynecology, Pediatrics, or Obstetrics/Gynecology.

2. After you reach the applicable out-of-pocket limit, BCBSNM pays 100 percent of most of your covered preferred or nonpreferred provider charges, whichever is applicable, for the rest of the Plan year. Preferred provider amounts do not cross-apply to the nonpreferred provider deductible nor vice versa. Amounts in excess of covered charges, penalty amounts, and noncovered charges do not count toward the out-of-pocket limit or deductible.

3. Initial treatment of a medical emergency at a preferred or nonpreferred emergency room or trauma center is paid at the Preferred Provider benefit level. If you must be admitted as an inpatient as a result of an emergency, the entire, related hospitalization is paid at the Preferred Provider benefit level. Following treatment and treatment that is not for an emergency are paid at the Nonpreferred Provider level. The emergency...
room or observation room copayment is waived if an inpatient admission results; then inpatient hospital benefits apply.

4 Certain services are not covered if preauthorization is not obtained from BCBSNM. Nonemergency air ambulance transfer services are covered only when it is medically necessary to transfer the patient from one facility to another. A list of services requiring preauthorization is in Section 2.

5 Preauthorization (or admission review approval) is required for inpatient admissions. You pay a **$300** penalty for covered nonemergency medical/surgical facility services if admission review approval is not obtained before being admitted to a nonpreferred facility. Some services, such as transplants and physical rehabilitation, require additional approval. If you do not receive preauthorization for these individually identified procedures and services, benefits for any related admissions will be denied. The $300 penalty will not apply in such cases. See Section 2.

6 Transplants must be received at a facility that contracts with BCBSNM or with the national BCBS transplant network.

7 The partial hospitalization copayment is waived if the patient is directly admitted into the program from an inpatient facility.

8 Covered massage therapy received as part of a chiropractic or physical therapy session are covered under either the chiropractic service benefit (when rendered by a chiropractor), or as part of the short-term rehabilitation benefit (when rendered by a licensed medical doctor, doctor of osteopathy, registered physical therapist, licensed physical therapist, or doctor of oriental medicine). Massage therapy under the “Alternative Therapy” benefit must be provided by a licensed massage therapist. Rolfing must be provided by a licensed roller.

* **Note about Family “aggregate” deductibles and out-of-pocket limits:** If you have a Family contract, an entire family meets an applicable deductible or out-of-pocket limit for a Plan year when the total deductible amount or out-of-pocket limit for all family members reaches three times the Individual deductible or out-of-pocket limit amount (the deductible and out-of-pocket limit amounts for three or more family members are combined to satisfy the Family deductible and the Family out-of-pocket limit). However, once a member meets an Individual deductible, that member’s applicable deductible is satisfied for the Plan year, and no more charges incurred by that member can be used to satisfy the Family deductible.

It’s not just a slogan. At Blue Cross and Blue Shield of New Mexico, we want to do more than provide you with an outstanding health care plan. We want to encourage you to focus on wellness. We can help. Below is information about the tools we provide to help you achieve a healthier lifestyle.

Health Risk Assessment (HRA)

Completing an HRA is often the first step in identifying potential health risks and initiating preventive interventions. Our HRA takes a holistic approach to health and well-being by addressing four critical areas of health and wellness: sleep, stress, nutrition, and fitness activity.

In addition to the general HRA (which can be completed in 10 to 15 minutes), you can complete up to five targeted HRAs: sleep, stress, nutrition, physical activity, and musculoskeletal health. Each HRA provides you with an immediate, personalized, and comprehensive health and well-being report, with advice from medical experts on how to make any changes necessary. You can complete our HRAs more than once during the calendar year and view past reports to see how your assessments have changed.

Personal Health Manager (PHM)

The PHM, available on our website through Blue Access for Members, provides you with the education and guidance you need to manage your health with confidence. PHM allows you and your covered family members to:

- Complete a Health Risk Assessment (HRA)
- Use the Interactive Symptom Checker
- Prepare for a doctor’s visit or medical procedure
- Access a comprehensive health knowledge base containing lifestyle-focused articles, news, and recipes
- Go to the Ask a Question section to get answers to health-related questions from registered nurses, request nutrition advice from registered dietitians, and get fitness advice from licensed personal trainers
- Use the features in the For Your Health section to design and track workout and meal programs, read health-related articles, find healthful recipes, and more

Blue Points℠

As part of our commitment to help you develop and maintain healthier habits and lifestyles, BCBSNM offers Blue Points, an incentive program that rewards you each time you use features within the Personal Health Manager’s For Your Health section. Every time you track a fitness workout, report a healthful meal, or use other For Your Health features, you earn Blue Points. These points are redeemable at the online Blue Points Redemption Center for health promotion products, other brand-name products, and gift cards to popular retail stores and restaurants.

BlueExtras℠

Through the BlueExtras Discount Program, all BCBSNM members are eligible to save money on health care products and services that help support healthy lifestyles. Discounts are available for health care products and services not usually covered by health care benefit plans, including:

- Jenny Craig® and Curves® memberships
- Digital hearing aids through TruHearing®
- Eyeglass frames and lenses, contact lenses, laser vision correction, exams, and accessories at discounted rates
- Complementary Alternative Medicine

Blue Cross and Blue Shield of New Mexico

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

81181 0410
MULTIPLAN DELIVERS NETWORK ACCESS UNDER THE PHCS NETWORK

PHCS Network offers access in all states to 568,000 health care professionals, over 4,100 hospitals and 63,000 ancillary care facilities. No matter where health plan participants live, work, and seek health care, they have access to the largest independent network in the nation.

Access nationwide or regionally through the PHCS Network, with seamless access for participants whether they seek care in their hometown through the local network or across the country.

EXTENSIVE PHYSICIAN NETWORK ACROSS NEW MEXICO & BORDERING STATES

37 NEW MEXICO HOSPITALS INCLUDING:

lovelace medical center
State-of-the-art technology.
State-of-the-heart care.

CARDIAC CARE CENTER
• Full range of diagnostic services to detect heart disease
• New 64-slice CT Scanner
• Electrophysiology Lab and Catheterization Labs
• Technologically advanced operating rooms
• Inpatient Cardiac Rehab

24/7 EMERGENCY CARE
• Board-certified ED physicians
• Fast-track unit for minor care needs

GAMMA KNIFE
• Non-invasive brain surgery
• Multi-disciplinary team of breast care specialists

lovelace women’s hospital
Only hospital in New Mexico dedicated to women’s health.

FAMILY BIRTHING CENTER
• Prenatal classes
• Labor and Delivery Unit
• Level III Neonatal Intensive Care Unit

lovelace westside hospital
Loving care close to home.

SURGICAL SERVICES

RADIOLOGY SERVICES

24/7 EMERGENCY CARE

NEW! LOVELACE WOMEN’S HOSPITAL FAMILY BIRTHING CENTER AT WESTSIDE
• The experts of the Family Birthing Center at Lovelace Women’s Hospital are coming to Lovelace Westside Hospital in early 2011.

24/7 EMERGENCY CARE
healthy steps

We are committed to helping you take charge of your health by providing you with health-wise information and resources. We encourage you to explore our no-cost HEALTHY Steps programs and make use of the services and education provided.

BABY LOVE PROGRAM
QUALITY CARE DURING PREGNANCY—THE BEST BIRTHDAY GIFT OF ALL
Our Baby Love program is here to help you have a healthy pregnancy and the best possible start in life for your baby. You will receive pregnancy and childbirth information by mail and have access to nurses by phone to answer your questions 24/7 during your pregnancy by calling 505.727.BABY (2229) or 877.708.5777.

HEALTHY WEIGHT
HELP TO ACHIEVE AND MAINTAIN A HEALTHY WEIGHT
Healthy Weight is a 10-week individual telephone counseling program that focuses on lifestyle change. The program centers on adopting healthy eating habits and regular physical activity. Call 505.727.5344 or 877.480.9368 for more information.

HEALTHY STEPS COACHING
Support about various treatment options and disease management services - 800.390.9159

S.T.O.P.
STOP TOBACCO FOR OPTIMAL PREVENTION
The Stop Tobacco for Optimal Prevention Program (S.T.O.P.) consists of individual telephone counseling sessions. A registered nurse helps you set up a personalized quit plan and supports you every step of the way. Call 505.727.5344 or 877.480.9368 for more information.

NURSE ADVICE & HEALTH INFORMATION LINE
Talk to a registered nurse about your health issues or concerns - 877.725.2552

CHOOSE HEALTHY
EXPERIENCE THE REWARDS OF HEALTHY LIVING
Choose Healthy® provides Lovelace Health Plan members with access to discounted services and health products, as well as education materials. Choose Healthy® is separate from your regular health plan benefits and therefore no claim forms or co-payments apply. Just show your Lovelace Health Plan ID card to receive savings. Simply visit lovelacehealthplan.com to find out more about our discounts.

CUSTOMER CARE
For more information, please call
727.5488 or 877.232.1988
se habla español

or email us at statecustomercare@lovelace.com
(responses within 24 hours)
What do you need in a health plan? Coverage for your daughter even when she’s out-of-state? How about a network of more than 7,000 healthcare providers and 38 hospitals statewide? Or how about the convenience of having your company’s healthcare, dental, vision, disability and life insurance all on one easy to understand bill? Access to about 7,000 providers? Or global emergency medical care? Access to care whether you live in Albuquerque or Anchorage? Or how about the convenience of having your company’s healthcare, dental, vision, disability and life insurance all on one easy to understand bill? Access to about 7,000 providers? Or global emergency medical care?

A statewide plan with low out-of-pocket costs.

At Lovelace Health Plan (LHP), we’re dedicated to keeping health care as simple as possible. We work closely with physicians and our health care system to design programs and benefits that keep our members healthy and informed of their choices.

At Lovelace, we believe that each encounter with a member offers an opportunity to make a difference in their health and well-being through our reputation for caring, customer service and positive outcomes.

lovelacehealthplan.com/members/state_of_new_mexico.php

customer care
For more information, please call
727-5488 or 877.232.1988
statecustomercare@lovelace.com (responses within 24 hours)
se habla español

At Lovelace, we believe that each encounter with a member offers an opportunity to make a difference in their health and well-being through our reputation for caring, customer service and positive outcomes.
The following are the highlights of the Medical Plan administered by Lovelace Insurance Company for State of New Mexico employees. These benefits are effective 7/1/10 through 6/30/11. Any services received must be Medically Necessary and when required prior authorization must be obtained by your physician to be covered. The specific terms of coverage, limitations and exclusions are detailed in Sections 4, 5, and 6 of this SPD booklet.

### Benefit Highlights

<table>
<thead>
<tr>
<th>Contract Year Deducible</th>
<th>Member deductible</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>$150</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2-Party</td>
<td>$300</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$450</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contract Year Out-of-Pocket Maximum</th>
<th>Out-of-pocket maximum</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Single</td>
<td>$3,000</td>
</tr>
<tr>
<td></td>
<td>2-Party</td>
<td>$6,000</td>
</tr>
<tr>
<td></td>
<td>Family</td>
<td>$9,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lifetime Maximum</th>
<th>Unlimited</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>(Certain services are subject to Contract Year and/or lifetime maximums or are limited per condition.)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Covered Services

#### Physician Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Benefit/Service Description</th>
<th>Member's Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Office visit</td>
<td>$155 office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Primary/OB/GYN Services</td>
<td>$30 office visit Co-pay</td>
</tr>
<tr>
<td>Preventive services</td>
<td>Adult wellness exam</td>
<td>No Co-pay 5</td>
</tr>
<tr>
<td></td>
<td>Well child care</td>
<td>No Co-pay 5</td>
</tr>
<tr>
<td></td>
<td>Vision screening (through age 17)</td>
<td>No Co-pay 5</td>
</tr>
<tr>
<td></td>
<td>Hearing screening (through age 25)</td>
<td>No Co-pay 5</td>
</tr>
<tr>
<td></td>
<td>Immunizations</td>
<td>No Co-pay 5</td>
</tr>
<tr>
<td></td>
<td>Adult wellness</td>
<td>No Co-pay 5</td>
</tr>
<tr>
<td></td>
<td>Laboratory and X-ray (associated with wellness exam)</td>
<td>No Co-pay 5</td>
</tr>
<tr>
<td></td>
<td>Colonoscopy</td>
<td>No Co-pay 5</td>
</tr>
<tr>
<td>Laboratory</td>
<td></td>
<td>10% Coinsurance</td>
</tr>
<tr>
<td>X-ray</td>
<td></td>
<td>10% Coinsurance</td>
</tr>
<tr>
<td>Allergy testing and treatment</td>
<td>$30 office visit co-pay</td>
<td></td>
</tr>
<tr>
<td>Allergy injections by a nurse</td>
<td>No Co-pay</td>
<td></td>
</tr>
<tr>
<td>Allergy extract preparation</td>
<td>No Co-pay</td>
<td></td>
</tr>
</tbody>
</table>

#### Hospital Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Benefit/Service Description</th>
<th>Member's Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospitalization (includes but not limited to: Room and board, Inpatient Physician care, Physician visits, surgeon, x-ray, lab and anesthesiologist)</td>
<td>$400 Admission Co-pay</td>
</tr>
<tr>
<td></td>
<td>MRI/PET Scans/CT Scans</td>
<td>10% Coinsurance (maximum $200 per test)</td>
</tr>
<tr>
<td></td>
<td>Hospital Observation Services (no admission or surgical procedure)</td>
<td>$200 Co-pay</td>
</tr>
<tr>
<td></td>
<td>Surgery/Outpatient Facility (applies to facility only)</td>
<td>10% Coinsurance</td>
</tr>
</tbody>
</table>

#### Maternity Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Benefit/Service Description</th>
<th>Member's Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician/midwife services (delivery, prenatal/postnatal care)</td>
<td>$15 Co-pay – initial visit only, all other visits no Co-pay</td>
<td></td>
</tr>
<tr>
<td>Home birth (services must be obtained by contracted provider)</td>
<td>No Co-pay</td>
<td></td>
</tr>
<tr>
<td>Hospital admission 1</td>
<td>$400 Co-pay per pregnancy</td>
<td></td>
</tr>
<tr>
<td>Routine nursery care for newborns (unless baby is admitted post delivery)</td>
<td>No Co-pay</td>
<td></td>
</tr>
</tbody>
</table>

#### Emergency Services

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Benefit/Service Description</th>
<th>Member's Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency room visit 2</td>
<td>Urgent Care Center Ambulance 1 (waived if admitted)</td>
<td>$175 Co-pay 30 Co-pay per trip $100 Co-pay per trip</td>
</tr>
<tr>
<td></td>
<td>Ground transportation</td>
<td>$30 Co-pay per trip</td>
</tr>
<tr>
<td></td>
<td>Air ambulance</td>
<td>$100 Co-pay per trip</td>
</tr>
</tbody>
</table>

#### Behavioral/ Mental Health

<table>
<thead>
<tr>
<th>Covered Services</th>
<th>Benefit/Service Description</th>
<th>Member's Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient services</td>
<td></td>
<td>$30 office visit co-pay</td>
</tr>
<tr>
<td>Inpatient services 3</td>
<td></td>
<td>$400 Co-pay per Admission</td>
</tr>
<tr>
<td>Partial hospitalization 3</td>
<td></td>
<td>$200 Co-pay per Admission</td>
</tr>
<tr>
<td>Residential Treatment Center (see SPD for limitations) 3</td>
<td>$400 Co-pay per Admission</td>
<td></td>
</tr>
<tr>
<td>Covered Services</td>
<td>Benefit/Service Description</td>
<td>Member’s Cost</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>Outpatient services</td>
<td>$30 office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Inpatient services</td>
<td>$400 Co-pay per admission</td>
</tr>
<tr>
<td></td>
<td>Partial hospitalization</td>
<td>$200 Co-pay per admission</td>
</tr>
<tr>
<td></td>
<td>Intensive outpatient (non-Step Down)</td>
<td>$100 Co-pay per admission</td>
</tr>
<tr>
<td></td>
<td>Residential Treatment Center (see SPD for limitations)</td>
<td>$400 Co-pay per admission</td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td>Biofeedback (for specified medical conditions only)</td>
<td>$30 Office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Cardiac or pulmonary rehabilitation</td>
<td>$30 Office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Chemotherapy and/or radiation therapy</td>
<td>No Co-pay</td>
</tr>
<tr>
<td></td>
<td>Chiropractic, Acupuncture, and Massage Therapy ($1,500 combined contract year max.)</td>
<td>$30 Office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Naprapathic services ($1,500 contract year max.)</td>
<td>$30 Office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Dental services (for specified medical conditions only)</td>
<td>$400 Co-pay per admission $30 Office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Dialysis</td>
<td>No Co-pay</td>
</tr>
<tr>
<td></td>
<td>Durable Medical Equipment, orthotics, prosthetics and appliances</td>
<td>20% Co-insurance</td>
</tr>
<tr>
<td></td>
<td>Hearing Aids (to include repair, replacement, &amp; associated testing)</td>
<td>No Copay up to $2500 per year per ear every 3 years</td>
</tr>
<tr>
<td></td>
<td>Home health care</td>
<td>$30 Physician Co-pay, no Co-pay for non-physician services</td>
</tr>
<tr>
<td></td>
<td>Hospice</td>
<td>No Co-pay</td>
</tr>
<tr>
<td></td>
<td>Infertility related services (only limited services covered)</td>
<td>Co-pay based on services</td>
</tr>
<tr>
<td></td>
<td>Injectable drugs received in the office</td>
<td>Included in office visit Co-pay No Co-pay</td>
</tr>
<tr>
<td></td>
<td>Physical, occupational and speech therapy</td>
<td>$30 office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Skilled nursing facility (Admission Co-pay waived if within 15 days)</td>
<td>$400 Admission Co-pay</td>
</tr>
<tr>
<td></td>
<td>Sleep disorder studies</td>
<td>$400 Admission Co-pay 10% Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Smoking cessation (does not include prescription drugs—see pharmacy vendor)</td>
<td>50% Co-insurance</td>
</tr>
<tr>
<td></td>
<td>Bariatric Surgery (for Morbid Obesity; must meet defined criteria in this SPD)</td>
<td>$400 Admission Co-pay $30 Office visit Co-pay</td>
</tr>
<tr>
<td></td>
<td>Transplants</td>
<td>Coverage for human organ transplants (refer to SPD for details on transplant coverage) Co-pay based on place of service</td>
</tr>
<tr>
<td><strong>Prescription Drugs</strong></td>
<td>Administered by Medco. Call Medco at (800) 743-1720</td>
<td></td>
</tr>
</tbody>
</table>

1. A maximum of three family members are required to satisfy the Family Deductible and Out of Pocket amount.
2. The $175 emergency care is waived if an Admission results. Then, the Hospital Admission Co-pay applies.
3. Benefit Certification may be required or benefits may be denied. Please refer to specific benefit details in SPD for additional information on which services require Benefit Certification.
4. This benefit includes an annual maximum payment, annual visit limitation, lifetime visit limitation and/or lifetime maximum payment.
5. Not subject to the Deductible
you’re going to love

At Lovelace Health Plan (LHP), we’re dedicated to keeping health care as simple as possible. We work closely with physicians and our health care system to design programs and benefits that keep our members healthy and informed of their choices.

WHY CHOOSE LOVELACE?

As a Lovelace Health Plan member & State of New Mexico employee, you’ll have:

• Access to a local customer care team whose exclusive responsibility is to provide you with answers.
• Access to nearly 40 hospitals and more than 7,500 providers in New Mexico and its bordering states.
• An affordable, comprehensive plan that covers you and your family at home and while traveling.
• Emergency and urgent care coverage when traveling outside of New Mexico and outside of the country.
• Access to a nationwide network through MultiPlan PHCS to provide you and your family with access to providers outside of NM.

THERE’S MORE

• You do not have to select a primary care physician (PCP). Simply use a contracted provider and the applicable co-pay will apply.
• You do not need a referral to seek care with a specialist.
• Deductible does not apply when seeking care with your PCP and when seeking care for your annual Wellness exam.

LOVELACE HEALTHLINK

Need help finding a doctor? Call Lovelace HealthLink at 898.3030 for help finding a doctor in the Albuquerque metro area that is right for you.

GLOBAL EMERGENCY SERVICES

Access a unique global emergency services program from Assist America for you and your covered dependents. No matter where you are in the world, you’re covered for medical emergencies.

COMPLIMENTARY HEALTH SEMINARS

As an LHP member, you can attend complimentary health seminars on the latest health topics, such as cardiac surgery, peripheral vascular disease and women’s health.

PRENATAL CLASSES

Mothers-to-be can attend one or our many prenatal classes available at Lovelace Women’s Hospital. Learn about labor and delivery, breastfeeding and bringing baby home for the first time.

lovelacehealthplan.com/members/state_of_new_mexico.php
There are doctors who specialize in medical conditions.

Now there are pharmacists who specialize in the medications used to treat these conditions.
A pharmacist who specializes in the medications used to treat your specific condition?

Now there’s an advanced idea!

Finally, someone to help manage your chronic condition
Because safeguarding your health is our top priority, we now have specialist pharmacists with specialized knowledge and additional targeted training in the medications used to treat specific conditions. As an enhancement to your benefit, Medco employs specialist pharmacists who have expertise in medications used to treat conditions such as:

- Diabetes
- High cholesterol
- Cancer
- Asthma
- Migraines
- High blood pressure
- Depression
- Osteoporosis

How can a specialist pharmacist help you?
Specialist pharmacists can work with you and your doctor to help ensure that your medications are working effectively. With access to prescription records on file, they can:

- Help you avoid drug interactions if a safety concern arises
- Offer important insight into how others have reacted to certain medications
- Talk to you privately by phone about any concerns you may have about your medications
- Suggest ways that may save you money

Medco’s advanced pharmacy is now available for you
Medco’s specialist pharmacists take the time to focus on your ongoing condition. They are available through your prescription drug benefit at no additional cost.

That means you can benefit from the personalized attention of specialist pharmacists who can help keep you safe and may help you save money.
Personalized care—plus potential savings and added convenience

Take advantage of a variety of savings opportunities
By filling your long-term prescriptions through the Medco Pharmacy, you not only have access to personalized, condition-specific care from specialist pharmacists, you can also receive up to a 90-day supply of your medication—often at a lower cost than at a retail pharmacy. Specialist pharmacists may also be able to suggest more affordable—yet equally effective—medications.

Medications delivered right to you at no extra cost
With the Medco Pharmacy, you’ll enjoy:
► Up to a 90-day supply of medication
► Free standard shipping
► Fewer trips to the pharmacy
► Toll-free access to specialist pharmacists
► The convenience of our award-winning website, www.medco.com

Using mail order through the Medco Pharmacy is easy

How soon will I receive my order?
Your first mail order will usually be delivered within 8 days after we receive your prescription. Refills generally arrive 3 to 5 days after we receive your request.

How do I order refills?
You can refill your prescriptions, or get a new prescription when you’re out of refills, through three convenient ordering options: phone, mail, or online.

How will my order be mailed?
Your order will arrive in a “tamper-evident” package that makes it easy for you to see if it has been damaged or tampered with during delivery. In order to protect your confidentiality and reduce the possibility of theft, the mailing label does not display the name “Medco” nor indicate that the package contains medications. Instead, the mailing label will read “MHS Services.”

How do I pay for my prescriptions?
You can pay for your prescriptions by check, e-check, money order, or major credit card—or we can bill you.

What if I have a question?
Simply call 1 800 MEDCO-MAIL (1 800 633-2662), where a Member Services representative is available 24/7 to answer your questions. TTY/TDD users can call 1 800 759-1089.
Get started with mail order today!

There are two easy ways to start receiving your medications through the Medco Pharmacy mail service:

1.

Contact us toll-free at the number on the back of your ID card, or call 1 800 MEDCO-MAIL (1 800 633-2662).
We'll answer any questions you may have and, upon your request, contact your doctor for your new prescriptions.

OR:

2.

Have your doctor fax your prescriptions to Medco.
- Log in to www.medco.com. (If you’re a first-time visitor, take a moment to register. Have your member ID number and a recent prescription number handy.)
- Click on “Get your prescriptions by mail” on the right-hand side of the page.
- Scroll to “I’m going to see your doctor.” Click on “download the physician fax form” and print. Fill in your member information and take it to your doctor, who will complete the form and fax your order to Medco.

Ensure that your doctor writes your prescription for up to a 90-day supply of each of your long-term medications with refills, as appropriate.

Enjoy the convenience of www.medco.com, where you can refill your prescriptions, check when your order was received and shipped, compare generic and brand-name drug prices, and review your prescription history.

You could save on your prescription drug costs*

Your doctor knows which medications are right for you but may not know how much they cost. Now, with Medco’s help, you can find lower-cost options available under your program so that you and your doctor can make the most informed decisions based on health and cost.

The My Rx Choices® prescription savings program is an online tool that displays lower-cost options available under your program for medications you take on an ongoing basis. Through My Rx Choices, you’ll also have access to Consumer Reports Best Buy Drugs™ recommendations, including information on the effectiveness and safety of prescription drugs. By providing you and your doctor with information about potential money-saving alternatives to your current prescriptions, My Rx Choices identifies opportunities that may help you to lower your out-of-pocket costs.

How does My Rx Choices work?

1. Simply visit www.medco.com/choices and use your member ID number to register for a personalized prescription savings report.
2. Choose the available lower-cost options you’d like your doctor to consider.
3. Review these options with your doctor. If your doctor believes there is a lower-cost option that is right for you, then you could save money. No changes are ever made without your doctor’s approval.

“Generic drugs are safe and as effective as brand-name drugs, but cost you less.”

GLENN WIMBERLY, R.PH.
SPECIALIST PHARMACIST
## PRESCRIPTION DRUG BENEFIT SUMMARY
Administered by Medco • Toll-free: 1 800-743-1720
Effective Date of Coverage: July 1, 2010

<table>
<thead>
<tr>
<th><strong>Definitions and Other Useful Information</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Generic prescription drug.</strong> A medication that contains the same active ingredient and is manufactured according to the same strict federal regulations as its brand-name counterpart. Generic medications may differ in color, size, or shape, but the Food and Drug Administration requires that they have the same strength, purity, and quality as their brand counterparts. A generic medication can be produced once the manufacturer of the brand medication is required to allow other manufacturers the opportunity to produce it.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Local Participating Pharmacy</strong></th>
<th><strong>Mail-Order Pharmacy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum days’ supply per copay</strong></td>
<td>34 days</td>
</tr>
<tr>
<td><strong>Generic drugs</strong></td>
<td>20% ($5 min. $15 max.) copay</td>
</tr>
<tr>
<td><strong>Preferred Brand Formulary drugs</strong></td>
<td>30% ($30 min. $80 max) copay</td>
</tr>
<tr>
<td><strong>Non Preferred Brand Name Drugs</strong></td>
<td>40% ($55 min $100 max) copay</td>
</tr>
<tr>
<td><strong>Preferred diabetes medications and supplies</strong></td>
<td>To confirm copay or coverage of insulin or diabetes supplies, visit <a href="http://www.medco.com">www.medco.com</a> or contact Member Services at 1 800-743-1720</td>
</tr>
<tr>
<td><strong>Specialty drugs</strong></td>
<td>$150 copay for a 30-day supply with a $1500 out of pocket max. Once your out of pocket is met your copay will be $75. After the second fill of a medication at retail, you will pay the entire cost.</td>
</tr>
<tr>
<td><strong>Immunizations administered by certified pharmacists</strong></td>
<td></td>
</tr>
<tr>
<td>DPT</td>
<td></td>
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<tr>
<td>Influenza</td>
<td></td>
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<tr>
<td>Gardasil</td>
<td></td>
</tr>
<tr>
<td>Hepatitis A and B</td>
<td></td>
</tr>
<tr>
<td>MMR</td>
<td></td>
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<tr>
<td>Meningococcal</td>
<td></td>
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<tr>
<td>Pneumonia</td>
<td></td>
</tr>
<tr>
<td>Tetanus/Diphtheria</td>
<td></td>
</tr>
<tr>
<td>Varicella</td>
<td></td>
</tr>
<tr>
<td>Zostavax</td>
<td></td>
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</tbody>
</table>
DEFINITIONS AND OTHER USEFUL INFORMATION continued

Brand-name drug. A medication that is available only from its original manufacturer or from another manufacturer that has a licensing agreement to produce it. These medications are marketed under recognized brand names. A brand-name drug may have a generic equivalent once the manufacturer is required to allow other manufacturers the opportunity to produce it.

Multisource brand drug. A medication that may have a Food and Drug Administration generic equivalent substitute available.

Maintenance drug. A medication prescribed for long-term use (e.g., therapy taken daily by those with high blood pressure or diabetes).

Formulary. A list of commonly prescribed medications that have been selected based on their clinical effectiveness and opportunity for savings. An independent Pharmacy and Therapeutics Committee updates this list regularly, based on continuous evaluation of medications. You can contact Medco at 1 800-743-1720 to determine if the medication you are taking is on the formulary. You can also locate this information at www.medco.com. If a medication you are taking is not on the formulary, you may want to discuss alternatives with your doctor or pharmacist. Using medications on the formulary will keep your costs and NM RMD’s costs lower.

Coverage review (prior authorization). Medco must review prescriptions for certain medications with your doctor before they can be filled under your plan, since more information than appears on a prescription is needed. The review uses plan rules based on FDA-approved prescribing and safety information, clinical guidelines, and uses that are considered reasonable, safe, and effective. You or your doctor can request a coverage review (prior authorization) by calling Medco at 1-800-753-2851. If you need to know whether your prescription will require a coverage review (prior authorization), visit www.medco.com or call Member Services at 1 800-743-1720.

Quantity management. NM RMD sets limits on quantities of certain medications. To promote safe and effective drug therapy, certain covered medications may have quantity restrictions. These quantity restrictions are based on manufacturer or clinically approved guidelines and are subject to periodic review and change.

Request generics whenever possible. If you or your doctor selects a brand medication instead of a generic, you’ll be charged the brand copay, plus the difference in cost between the brand and the generic.

Step therapy requirement. Your plan uses a coverage tool called step therapy, which requires you first to try one or more specified drugs to treat a particular condition before your plan will cover another (usually more expensive) drug that your doctor may have prescribed. Step therapy is intended to reduce costs to you and your plan by encouraging the use of medications that are less expensive but can treat your condition effectively. If your doctor believes that you should use medication that requires a review for coverage, you or your doctor can request such a review. Your doctor can call toll-free 1 800-753-2851, 6:00 a.m. to 7:00 p.m., Mountain Standard Time, Monday through Friday. To see which medications are affected by step therapy, visit www.medco.com or call Member Services at 1 800-743-1720.

Specialty medications. Accredo, Medco’s specialty pharmacy, is the preferred provider of specialty medications. Specialty medications are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. To find out more about your specialty prescription drug benefit, visit www.medco.com or call Accredo at 1-800-501 7210.

Members with diabetes. Insulin and diabetes supplies are covered. To confirm copay or coverage of insulin or diabetes supplies, visit www.medco.com or contact Member Services at 1 800-743-1720.

Not covered. Drugs for cosmetic purposes only. Over-the-counter (OTC) medications Prescription drugs for which an equivalent is available without a prescription. Medical supplies and equipment (except syringes and needles used to administer insulin, and spacers for asthma inhalers). Medications prescribed by a physician or healthcare practitioner acting outside the scope of his or her license. Experimental, investigational, and unproven drugs. Replacement prescriptions filled due to loss or theft.
**PPONEW MEXICO**

is designed to offer Plan Participants comprehensive dental benefits, affordable Plan contributions, and savings at the time services are received.

**PLAN PARTICIPANTS**

- have direct access to any dental provider, with no referrals required and no “closed” provider panels;
- never have to pre-select a dentist and may use a different dentist for every family member;
- are responsible only for co-payments and deductibles, if any, at the time services are received.

**PPONEW MEXICO DENTISTS**

- have specifically agreed to a PPONew Mexico fee schedule which provides Plan Participants with access to discounted services;
- will not bill Plan Participants for any amount over the PPONew Mexico Maximum Approved Fees for covered services, protecting them from “balance bill” charges that can apply Out-of-Network;
- have agreed to bill Delta Dental first for covered services, avoiding the need for Plan Participants to pay first and wait for reimbursement.

---

**How Benefit Payment is based on the Dentist Selected**

**In-Network — PPONew Mexico Participating Dentists**

Fee schedule agreements (Maximum Approved Fees) result in lower charges for dental services, so Plan Participants save when a PPONew Mexico dentist is selected. In addition, benefit levels are enhanced In-Network. Although the PPONew Mexico network may not include specialty dentists in every category in every area, most services are available In-Network.

For maximum savings, select participating dentists, including specialists, whenever possible.

To locate a PPONew Mexico dentist, logon to www.deltadentalNM.com and click on the Dentist Search link.

**Out-of-Network (non-participating) Delta Dental dentists**

- Delta Dental has more than one provider network and not all Delta Dental dentists participate in PPONew Mexico. Covered services received from dentists who do not participate in PPONew Mexico are subject to lower Out-of-Network benefits levels. Be sure to ask if your dentist is part of PPONew Mexico.
- If the dentist participates in Delta Dental Premier, but not in PPONew Mexico, Plan Participants pay the difference between Delta Dental Premier approved fees and PPONew Mexico Maximum Approved Fees plus the difference in benefits that apply out-of-network. Plan Participants are protected, however, from balance billing for amounts above the Delta Dental Premier fee maximums.

**Out-of-Network dentists not participating in any Delta Dental dentist network**

- Benefits apply for covered services at a non-participating dentist, but Maximum Approved Fees are greatly reduced for non-participating dentists. Out-of-Pocket costs can be much higher.
- Covered services received from these dentists are subject to Out-of-Network benefit levels, and dentists may balance bill Plan Participants for any amounts not paid by the Plan.

Maximize benefits by selecting a PPONew Mexico dentist whenever possible.

If Out-of-Network services are received, help reduce additional out-of-pocket costs by selecting a Delta Dental Premier dentist.

**QUESTIONS? Call (505) 855-7111 or (877) 395-9420 toll free.**

Log on to www.deltadentalNM.com and click Subscriber Materials in the Subscribers section to view, save or print benefit documents.
<table>
<thead>
<tr>
<th>SERVICES</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DIAGNOSTIC &amp; PREVENTIVE SERVICES</strong></td>
<td>Plan Pays 100%</td>
<td>Plan Pays 100%</td>
</tr>
<tr>
<td>You Pay: 0%</td>
<td>You Pay: 0%</td>
<td></td>
</tr>
<tr>
<td>• Oral Evaluations - twice in a calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Routine or Periodontal Cleanings – twice in a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• X-rays: Full mouth - once every 5 years /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bitewing - twice in a calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fluoride Application- through age 18, twice in</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Emergency Treatment - for relief of pain</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sealants - through age 15, permanent molars</td>
<td></td>
<td></td>
</tr>
<tr>
<td>only, 3 year limitation</td>
<td></td>
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<tr>
<td>• Space Maintainers - through age 18, five year</td>
<td></td>
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<tr>
<td>limitation</td>
<td></td>
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</tr>
<tr>
<td><strong>BASIC SERVICES</strong></td>
<td>Plan Pays 80%</td>
<td>Plan Pays 55%*</td>
</tr>
<tr>
<td>You Pay: 20%</td>
<td>You Pay: 45%*</td>
<td></td>
</tr>
<tr>
<td>• Amalgam or composite resin fillings</td>
<td></td>
<td></td>
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<tr>
<td>• Stainless steel crowns - primary teeth only</td>
<td></td>
<td></td>
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<tr>
<td>• Extractions - non-surgical</td>
<td></td>
<td></td>
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<tr>
<td>• Oral Surgery - maxillofacial surgical procedures</td>
<td></td>
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<tr>
<td>of the oral cavity, including surgical</td>
<td></td>
<td></td>
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<tr>
<td>extractions</td>
<td></td>
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<tr>
<td>• Endodontics - pulp therapy and root canal</td>
<td></td>
<td></td>
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<tr>
<td>filling</td>
<td></td>
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<tr>
<td>• Periodontics - non-surgical and surgical</td>
<td></td>
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<tr>
<td>treatment of gum disease</td>
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<tr>
<td>• Repairs to crowns, implants, onlays, bridges,</td>
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<tr>
<td>partial or complete dentures</td>
<td></td>
<td></td>
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<tr>
<td>• Adjustments to partial or complete dentures</td>
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<tr>
<td>• General Anesthesia - intravenous sedation and</td>
<td></td>
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<tr>
<td>general anesthesia, when dentally necessary</td>
<td></td>
<td></td>
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<tr>
<td>and administered by a licensed provider for</td>
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<tr>
<td>a covered oral surgery procedure</td>
<td></td>
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</tr>
<tr>
<td><strong>MAJOR SERVICES</strong></td>
<td>Plan Pays 60%</td>
<td>Plan Pays 35%*</td>
</tr>
<tr>
<td>You Pay: 40%</td>
<td>You Pay: 65%*</td>
<td></td>
</tr>
<tr>
<td>• Onlays, Crowns and Cast Restorations - when</td>
<td></td>
<td></td>
</tr>
<tr>
<td>teeth cannot be restored with amalgam or</td>
<td></td>
<td></td>
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<tr>
<td>composite resin restorations</td>
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<tr>
<td>• Prosthodontics - procedures for construction of</td>
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<tr>
<td>fixed bridges, partials or complete dentures</td>
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<td></td>
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<tr>
<td>• Implants – specified services and related</td>
<td></td>
<td></td>
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<tr>
<td>prosthodontics, subject to clinical review/</td>
<td></td>
<td></td>
</tr>
<tr>
<td>approval</td>
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<tr>
<td><strong>ORTHODONTIC SERVICES</strong></td>
<td>Plan Pays 75%</td>
<td></td>
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<tr>
<td></td>
<td>up to a $2000 lifetime</td>
<td></td>
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<tr>
<td></td>
<td>maximum</td>
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<tr>
<td></td>
<td>You Pay: 25%*</td>
<td></td>
</tr>
<tr>
<td>Children up to 18th birthday</td>
<td></td>
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<tr>
<td>Adults, 18 and over</td>
<td>Plan Pays 60%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>up to a $1,750 lifetime</td>
<td></td>
</tr>
<tr>
<td></td>
<td>maximum</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You Pay: 40%*</td>
<td></td>
</tr>
<tr>
<td><strong>CALENDAR YEAR DEDUCTIBLE</strong></td>
<td>You Pay:</td>
<td></td>
</tr>
<tr>
<td>(applies to Basic and Major Services)</td>
<td>$50 per enrolled person</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$150 aggregate per family</td>
<td></td>
</tr>
<tr>
<td><strong>CALENDAR YEAR MAXIMUM</strong></td>
<td>Plan Pays up to:</td>
<td></td>
</tr>
<tr>
<td>(excludes expenses for Orthodontic Services)</td>
<td>$1750 per enrolled person</td>
<td></td>
</tr>
</tbody>
</table>

* Payment percentages for Out-of-Network services are calculated based on lower Maximum Approved Fees applicable only to Out-of-Network dentists. Because of that, Plan participants who receive services from non-participating providers can have significant out-of-pocket costs over and above the percentage of co-payment shown. For more information, refer to the important PPO New Mexico network facts shown on the previous page.

To verify eligibility, confirm deductible or plan maximum status, or check on the status of a claim, logon to www.deltadentalNM.com and click on Consumer Toolkit in the Subscriber Section.

**QUESTIONS?** Call 855-7111 in Albuquerque or 1-877-395-9420 toll free
Did you know?

Our eyes act as an early warning system for serious health conditions. Latinos are at risk for many of these conditions, so an annual exam is important for everyone in your family. Blood vessels in the eye allow eye doctors to see what’s going on throughout our bodies, which often helps them be the first to spot signs of health conditions, such as hypertension and diabetes.

Early detection and treatment can prevent most vision loss related to diabetes. People with diabetes are more susceptible to glaucoma and other serious conditions like heart disease and stroke. Regular eye exams help you get on the path to early treatment and management.

Diabetes
- Latinos are up to 2.5 times more likely to be diagnosed with diabetes and twice as likely to die from it as other ethnicities.
- Studies show that 50% of Latinos with diabetes have diabetic retinopathy.
- Nearly half of U.S.-born Latino children are likely to develop diabetes in their lifetime.
- Having diabetes can make you more susceptible to heart attack, stroke, high blood pressure, glaucoma, cataracts, and corneal disease.

Glaucoma
- Glaucoma is the leading cause of blindness among Latinos.
- In a recent study, 75% of Latinos with glaucoma were unaware of their disease.
- The risk of glaucoma for older Latinos is four times that of older Caucasians.

Macular Degeneration
- Latinos are at high risk for early-onset, age-related macular degeneration, or central vision loss.

Cataracts
- Cataracts are the leading cause of visual impairment among Latinos.
- Cataracts are three times more common in older Latinos than in other ethnicities.

Sources: American Diabetes Association
Glaucoma Research Foundation
Los Angeles Latino Eye Study
THE MUNIFICENT
National Diabetes Information Clearinghouse
The Sacramento Bee

Keep your eyes healthy with VSP® Vision Care.
Visit our Eyecare Discovery Center® at vsp.com.

Contact us.
vsp.com 800.877.7195
Welcome to VSP® Vision Care. We'll help keep you and your eyes healthy through personalized care from a doctor you can trust.

Your eyes say a lot about you and can even tell your VSP doctor about you. During your WellVision Exam®, your VSP doctor will look for vision problems and signs of health conditions too.

**Getting started is a breeze.**

- **Find the right VSP doctor for you.** You'll find plenty to choose from at [vsp.com](http://vsp.com) or by calling 800.877.7195.
- **Already have a VSP Doctor?** At your appointment, tell them you're a VSP member.
- **Check out your coverage and savings.** Visit [vsp.com](http://vsp.com) to see your benefits anytime and check out how much you saved with VSP after your appointment.

That's it! We'll handle the rest—no ID card necessary or claim forms to complete.

**Keep your eyes healthy and your vision clear with VSP.**

State of New Mexico, Risk Management and VSP provide you an affordable eyecare plan

**Doctor Network..........................VSP Signature**

<table>
<thead>
<tr>
<th>Your Coverage with a VSP Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>WellVision Exam</strong> focuses on your eye health and overall wellness</td>
</tr>
<tr>
<td>$10 copay………………every 12 months</td>
</tr>
<tr>
<td><strong>Prescription Glasses</strong></td>
</tr>
<tr>
<td>$15 copay</td>
</tr>
<tr>
<td>Lenses……………………..every 12 months</td>
</tr>
<tr>
<td>• Single vision, lined bifocal, and lined trifocal lenses</td>
</tr>
<tr>
<td>• Polycarbonate lenses for dependent children</td>
</tr>
<tr>
<td><strong>Frame………………………..every 24 months</strong></td>
</tr>
<tr>
<td>• $110 allowance for a wide selection of frames</td>
</tr>
<tr>
<td>• 20% off the amount over your allowance</td>
</tr>
<tr>
<td><strong>Contact Lens Care</strong></td>
</tr>
<tr>
<td>• No copay …………………every 12 months</td>
</tr>
<tr>
<td>$110 allowance for contacts and the contact lens exam (fitting and evaluation). If you choose contact lenses you will be eligible for a frame 24 months from the date the contact lenses were obtained. Current soft contact lens wearers may qualify for a special program that includes a contact lens exam and initial supply of lenses.</td>
</tr>
</tbody>
</table>

**Extra Discounts and Savings**

**Glasses and Sunglasses**
- Average 35 - 40% savings on all non-covered lens options
- 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam

**Contacts**
- 15% off cost of contact lens exam (fitting and evaluation)

**Laser Vision Correction**
- Average 15% off the regular price or 5% off the promotional price. Discounts only available from contracted facilities.
- After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor

You get the best value from your benefit when you see a VSP doctor. If you see a non-VSP provider, you'll typically pay more out-of-pocket. You'll pay the provider in full and have 6 months to submit a claim to VSP for partial reimbursement less copays. Before seeing a non-VSP provider, call us at 800.877.7195.

**Out-of-Network Reimbursement Amounts:**

| Exam ........................................ Up to $35.00 |
| Single vision lenses ............................. Up to $25.00 |
| Lined bifocal lenses ............................. Up to $40.00 |
| Lined trifocal lenses ............................. Up to $55.00 |
| Frame ............................................ Up to $35.00 |
| Contacts ........................................ Up to $110.00 |

VSP guarantees service from VSP doctors only. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

9/10
Put **More Money** in your wallet by enrolling in a Flexible Spending Account or Pre-Tax Commuter Benefit Program!

Signing up for any New Mexico Pre-Tax Spending Account will help you save money because you will pay less in federal and state income and FICA taxes on medical, child care or commuting expenses you are already incurring.

**What is a Health Care Flexible Spending Account?**

A Health Care Flexible Spending Account (FSA) is a tax-free account that allows you to reduce your taxable income while saving money to pay for health care costs such as out-of-pocket medical, dental, vision, hearing, and prescription drugs.

When you enroll in an FSA, you decide how much to contribute to the account for the entire plan year (January 1 – December 31). The annual minimum is $130 and the maximum is $5,000. The money is deducted from your paycheck pre-tax (before federal and state income taxes and FICA taxes are deducted) in equal amounts over the plan year.

After you incur expenses that qualify for reimbursement, you submit claims to ASIFlex to request reimbursement, and the money is reimbursed to you tax free, or you can sign up for the Benny Card (the FSA debit card) and pay for your expenses at the point of sale.

Using the FSA to pay for expenses will reduce your out-of-pocket costs significantly. Your personal tax rate may vary, and your savings will vary according to your net tax rate. Use the Tax Savings Calculator found at www.asiflex.com to estimate your savings.

Expenses can be for you, your spouse or any tax dependent, even if your dependents are not enrolled in the State’s health insurance plan.

**How much money can I save by using the Health Care FSA?**

The savings will vary based upon your tax bracket and out-of-pocket expenses. Remember to review the eligible expense list before making your election decision. Many individuals are not aware of how much his/her household spends on these expenses until the expenses are actively tracked.

If you are unsure of how much to set aside, start small your first year and keep track of your expenses even after you have used all of your funds. This will allow you to come up with a more accurate estimate for your FSA election the following plan year.

**Some eligible expenses:**

- Deductible, copayments and coinsurance
- Chiropractor’s fees
- Dental expenses
- Prescription drugs and insulin
- Counseling or therapy sessions (does not include marriage counseling)

**Some expenses that are not eligible:**

- Insurance premiums
- Cosmetic procedures (face lifts, teeth whitening, veneers, etc.)
- Toiletries
- Long-term care expenses
- Vitamins, herbs and/or nutritional supplements used to prevent a medical condition

**Please Note:** Effective January 1, 2011, new federal regulations will require that you submit a prescription in order for over-the-counter (OTC) medicines and drugs to be eligible for reimbursement through the FSA program. This regulatory change will impact items such as pain killers, cold and allergy medications, etc. OTC supply items such as diabetes test strips, contact lens solution, band-aids, etc. will not be affected, and will not require a prescription in order to be reimbursed.

Please visit www.asiflex.com for a detailed list of eligible expenses.
Save more money....

**What is a Dependent Care FSA?**

The Dependent Care FSA allows you to use pre-tax dollars to pay for out-of-pocket childcare and/or elder dependent care expenses. You can set aside from $130 to $5,000 ($2,500 if married and filing separately on your federal income taxes) per year (please note that the $5,000 is a household maximum) in the account. The funds are deducted before federal and state income taxes and FICA are assessed, and reimbursements are completely tax free. Eligible expenses include day care, baby sitting, general purpose day camps and pre-k expenses. Please note that you will be required to include your provider’s tax identification number or Social Security Number with your reimbursement request.

Ineligible expenses include overnight camps, care provided by your tax dependent, your spouse or your child who is under the age of 19 and care provided while you are not at work.

**What is the New Mexico Commuter Benefits Program?**

State and Federal tax laws allow employees of the State of New Mexico & participating Local Public Bodies to save taxes on parking at work and transit or vanpooling expenses incurred to get to work. Employees save by setting up a pretax payroll deduction that reduces taxable income. Qualified expenses are exempt from State, Federal and FICA (Social Security and Medicare) taxes. Your tax savings will vary, depending on your deduction amount and your tax bracket. Most employees will save approximately $12.50 on every $50 they pay for qualified expenses (25%). You can enroll in this program at any time during the year.

**What expenses qualify?**

Parking at or near your State (or LPB) work location or at or near a location from which you commute to work by car pool, commuter highway vehicle or mass transit. Out-of-pocket parking fees for parking meters, garages and lots qualify. Parking at or near your home is not an eligible expense.

Vanpooling in a commuter highway vehicle with a seating capacity of at least 7 adults, including the driver. At least 80 percent of the vehicle mileage must be for transporting employees between their homes and workplace with employees occupying at least one-half of the vehicle’s seats (not including the driver’s seat). Not all employees must work for the State (or LPB).

Transit passes, tokens, fare cards, vouchers, or similar items entitling you to ride a mass transit vehicle to or from work. The mass transit vehicle may be publicly or privately operated and includes bus, rail, or ferry.

**What If I Have Questions?**

Contact ASIFlex Customer Service at:

Phone: 1-800-659-3035  
TTY Phone: 1-866-908-6043  
Monday through Friday, 6 a.m. - 6 p.m. Mountain Time  
Saturday, 8 a.m - noon Mountain Time

E-mail: asi@asiflex.com  
Web: www.asiflex.com
Benefits at a Glance for State of New Mexico

Effective Date: July 1, 2007
Group Policy #645553-A

Group Life and Accidental Death and Dismemberment Insurance

Life Insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible employee’s covered death. Accidental Death and Dismemberment (AD&D) Insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

State of New Mexico’s policy offers Basic Life and AD&D Insurance. If you qualify for Basic Life Insurance under the policy, you may also apply for Additional Life and AD&D Insurance. The cost of Basic insurance is shared by the employee and State of New Mexico. The cost of Additional insurance is fully paid by the employee. All employee contributions are made through payroll deduction.

Any enrollment materials needed to elect coverage will be provided.

Eligibility

Eligible Employee
An active employee of State of New Mexico, designated by the State as a classified, exempt, probationary, temporary, term or hourly employee, whose term of employment at hire is six months or more and who is regularly working at least 20 hours each week.

For purposes of this benefits summary, an eligible employee includes an active legislator of State of New Mexico. There is no hourly work requirement for legislators.

An eligible employee does not include a seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.

Waiting Period Before Becoming Eligible for Insurance
The eligibility waiting period is determined by the employee’s pay schedule. Contact your human resources representative for full details.

Benefits

Life Insurance
Basic
State police and correctional officers are covered for a total of $75,000 in Basic Life coverage. For all other employees, the Basic Life coverage amount is $50,000.

Employees who select a medical plan with the State of New Mexico will be automatically enrolled for this coverage.
**Additional**

The Additional Life coverage amount for legislators is the choice of any multiple of $10,000, from $10,000 to $400,000. Acceptable evidence of good health may be required to become insured for an amount of coverage in excess of $150,000.

For employees other than legislators, the Additional Life coverage amount is the choice of 1, 2, 3, 4 or 5 times the employee’s annual earnings, rounded to the next higher multiple of $1,000, if not already a multiple of $1,000. The maximum amount is $400,000. Acceptable evidence of good health may be required to become insured for an amount of coverage in excess of the lesser of 3 times annual earnings and $150,000.

**Other Life Features**

The repatriation benefit pays an additional amount if a life insurance benefit is payable because of death and the employee dies more than 150 miles from their primary place of residence. The benefit pays expenses incurred to transport the body to a mortuary near the primary place of residence. Payment will not exceed $5,000 or 10 percent of the life insurance benefit, whichever is less.

**AD&D Insurance**

For accidental loss of life, the amount of the Basic AD&D insurance benefit is equal to the Basic Life coverage amount. Employees who select a medical plan with the State of New Mexico will be automatically enrolled for this coverage.

The amount of the Additional AD&D insurance benefit for accidental loss of life is equal to the Additional Life coverage amount. Employees with Basic coverage must apply for Additional coverage and agree to pay premiums.

The amount of the AD&D benefit for other covered losses is a percentage of the Life coverage amount, as shown in the following table:

<table>
<thead>
<tr>
<th>Loss:</th>
<th>Percentage Payable:</th>
</tr>
</thead>
<tbody>
<tr>
<td>One hand or one foot</td>
<td>50%</td>
</tr>
<tr>
<td>Sight in one eye, speech or hearing in both ears</td>
<td>50%</td>
</tr>
<tr>
<td>Two or more of the losses listed above</td>
<td>100%</td>
</tr>
<tr>
<td>Thumb and index finger of the same hand</td>
<td>25%</td>
</tr>
<tr>
<td>Quadriplegia</td>
<td>100%</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>50%</td>
</tr>
<tr>
<td>Paraplegia</td>
<td>75%</td>
</tr>
</tbody>
</table>

No more than 100 percent of an employee’s AD&D insurance will be paid for all losses resulting from one accident. Accident includes accidental exposure to adverse conditions.

**Other AD&D Features**

The *seat belt benefit* pays an additional amount if an employee dies as a result of an automobile accident for which an AD&D benefit is payable for loss of life and is wearing and properly utilizing a seat belt system at the time of the accident, as evidenced by a police accident report. The benefit is equal to the lesser of $25,000 or the amount of AD&D insurance benefit payable for loss of the employee’s life.

The *air bag benefit* pays an additional amount if an employee dies as a result of an accident for which a seat belt benefit is payable and is seated in a position intended to be protected by the air bag system and the air bag system deploys, as evidenced by a police accident report. The benefit is equal to the lesser of $10,000 or 10 percent of the amount of AD&D insurance benefit payable for loss of the employee’s life.

The *career adjustment benefit* pays the tuition expenses for training incurred by an employee’s spouse/domestic partner within 36 months after the date of the employee’s death. Payments exclude room and board and will not exceed $5,000 per year, or the cumulative total of $10,000 or 25 percent of the AD&D insurance benefit, whichever is less.
The *child care benefit* pays the total child care expense incurred by an employee’s spouse/domestic partner within 36 months after the date of the employee’s death, for all children under age 13. Payments will not exceed $5,000 per year, or the cumulative total of $10,000 or 25 percent of the AD&D insurance benefit, whichever is less. No benefit will be paid if there is no surviving spouse/domestic partner.

The *higher education benefit* pays the tuition expenses incurred per child at an accredited institution of higher education within 4 years after the date of an employee’s death, exclusive of room and board. Payments will not exceed $5,000 per year, or the cumulative total of $20,000 or 25 percent of the AD&D insurance benefit, whichever is less. No benefit will be paid if there is no child eligible to receive it.

The *line of duty benefit* is available to state police or correctional officers who suffer a loss for which an AD&D insurance benefit is payable, and the loss is the result of a line of duty accident. The benefit pays an additional amount equal to the lesser of $25,000 or 100 percent of the amount of the AD&D insurance benefit otherwise payable for the loss.

The *occupational assault benefit* pays an additional benefit to an employee who is actively at work and suffers a loss for which an AD&D insurance benefit is payable, and the loss is the result of an act of physical violence against the employee that is punishable by law and evidenced by a police report. The benefit pays the lesser of $25,000 or 50 percent of the amount of the AD&D insurance benefit otherwise payable for the loss.

The *public transportation benefit* pays an additional amount if an employee dies as a result of an accident for which an AD&D insurance benefit is payable for loss of life, and the accident occurs while riding as a fare-paying passenger on public transportation. The benefit pays the lesser of $200,000 or 100 percent of the amount of the AD&D insurance benefit otherwise payable for the loss of the employee’s life.

For loss due to *coma*, the policy pays 2 percent per month of the remainder of the AD&D benefit payable for loss of life after reduction by any AD&D insurance benefit payable for any other loss as a result of the same accident. Payments will not exceed a maximum of 50 months.

With respect to loss of life, death will be presumed if an employee disappears and the *disappearance* is caused solely and directly by an accident that reasonably could have caused loss of life, occurs independently of all other causes and continues for a period of 365 days after the date of the accident, despite reasonable search efforts.

**Exclusions for AD&D**
No AD&D Insurance benefit is payable if the accident or loss is caused or contributed to by any of the following:

- War or act of war.
- Suicide or other intentionally self-inflicted Injury, while sane or insane.
- Committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot. Actively participating does not include being at the scene of a violent disorder or riot while performing official duties.
- The voluntary use or consumption of any poison, chemical compound, alcohol or drug, unless used or consumed according to the directions of a physician.
- Sickness or pregnancy existing at the time of the accident.
- Heart attack or stroke.
- Medical or surgical treatment for any of the above.

**Age Reductions**
Under this policy, insurance coverage will not reduce because of age.
**Dependents Life Insurance**
The cost of Dependents Life Insurance is shared by the employee and State of New Mexico.

The insurance policy provides $10,000 of coverage for an eligible spouse/domestic partner.

The insurance policy also provides $5,000 of coverage for eligible child(ren).

To be eligible for this coverage, the spouse/domestic partner or child must not be a full-time member of the armed forces of any country.

**Waiver Of Premium**
The Standard may continue an employee’s Life Insurance without premium payments if an employee:

- Becomes totally disabled while insured under the policy
- Is under the age of 60
- Completes the waiting period of 180 days
- Gives us satisfactory proof of total disability

Premium payment must continue until the later of the date the employee completes the waiting period and the date The Standard approves the claim for waiver of premium.

Waiver of Premium does not apply to AD&D Insurance.

Under the Waiver Of Premium provision, insurance is subject to termination at age 65.

**Right To Convert**
If insurance ends for any reason except failure to make a required premium contribution, an employee or dependent may buy an individual policy of life insurance without providing evidence of insurability. The employee or dependent must apply for the individual policy and agree to pay premiums.

**Other Life Features & Services**

- Portability of Insurance provision
- Accelerated Benefit option
- Beneficiary Financial Counseling Services
- MEDEX® Travel Assist
- Standard Secure Access account payment option

*This information is only a brief description of the group Life/AD&D insurance policy sponsored by State of New Mexico. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations and exclusions and when The Standard and the employer may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for employees who become insured according to its terms. For costs and more complete details of coverage, contact your human resources representative.*
State of New Mexico Disability Plan
Administered by Risk Management Division of the General Services Department

The Non-Occupational Disability plan is comprehensive coverage to assist an employee financially who maybe out of work for a period of time due to illness or non-work related injury. The criterion for enrollment in the Disability plan is the same as enrollment into the Standard Basic Life Insurance plan. If you are already enrolled in the Standard Basic Life Insurance plan then you are automatically enrolled in the State of New Mexico Disability Plan. The following information is a summary of the short and long term disability program. Please contact our office for the plan policy or go online at www.state.nm.us/gsd/rmd/disability.

SHORT TERM DISABILITY (STD) ELIGIBILITY:
• Must be actively employed with the State of New Mexico or Local Public Body and paying premiums into the disability plan for at least one year prior to submitting for benefits.
• Must be an employee who is scheduled to work 20 hours or more per week and whose term of employment when hired is for 6 months or more.
• Making required premium payments while active or on leave.
• Unable to perform the material and substantial duties of any occupation;
• Not working in any other occupation; and
• Not a work related injury.

SHORT TERM DISABILITY ELIMINATION PERIOD:
7 Calendar Days in which benefits are not paid.

SHORT TERM DISABILITY BENEFIT:
• Weeks 1-24 following the elimination period an individual will receive up to 60% of their weekly earnings to a gross benefit maximum of $500.00 a week.

You cannot receive more than 100% of your pre-disability earnings with a combination of sick leave, annual leave and your disability benefit. Please see your local Human Resource Office on how to complete your time sheet.

LONG TERM DISABILITY (LTD) IS A CONVERSION FROM STD AFTER 6 MONTHS IF:
• Not a work related injury; and
• Cannot work in any capacity; and
• Must apply for Social Security Disability’s Income (SSDI), and Public Employees Retirement Association (PERA) benefits, or Educational Retirement Association (ERA) benefits immediately.

LONG TERM DISABILITY BENEFIT:
• 40% of monthly earnings to a maximum benefit of $2,000 per month.
• If awarded Social Security Income (SSI), Social Security Disability Income (SSDI), or PERA disability, or ERA benefits then disability benefit payment stops.
State of New Mexico Disability Plan
Administered by Risk Management Division of the General Services Department

DISABILITY BENEFITS END:

- You are no longer considered disabled
- Your Disability condition changes
- You are no longer making the required premium payments
- You return to work in any capacity (part-time, full-time)
- You are approved for Social Security, PERA, or ERA benefits
- You have been on disability for 2 years
- The date the policy or a plan is cancelled
- The date that you are denied Social Security Disability Income Benefits and refuse to appeal the denial
- The date you no longer are in an eligible group
- The date your eligible group is no longer covered
- The date you fail to submit proof of continuing disability or other sources of income verification;
- When you are able to work in any capacity
- The date that you refuse an independent medical examination at the request of the State of New Mexico
- The date you die

THE STATE OF NEW MEXICO HAS THE RIGHT TO RECOVER ANY OVERPAYMENTS DUE TO:

- Fraud
- Any error the State of New Mexico RMD makes in processing a claim
- Receipt of deductible sources of income.

You must reimburse us in full. We will determine the method by which the repayment is to be made.

Disability Plan Frequently Asked Questions

HOW LONG DO I HAVE TO FILE A CLAIM?

- 90 DAYS from the last date you worked

WHO CAN I CONTACT WITH QUESTIONS?

General Services Department
Risk Management Division
1-877-301-8041 OR email us at rmddisabilityunit@state.nm.us

IF I FORGET TO FILE & HAVE RETURNED TO WORK, CAN I STILL FILE?

- Yes, if you are within the 90 day time frame.
A Comprehensive Legal Plan Covering All Phases of Life

At the State of New Mexico, we care about what’s important to you, and want to help you take control of any legal matters that may result in stress, hardships or financial challenges. Here is your opportunity to enroll in UltimateAdvisor and work with a trusted advisor who can help you plan for, protect against and resolve your legal issues.

The Path to Resolving Life’s Legal Issues
A dispute with a contractor. A sudden illness. The need for estate planning. Fall behind in your debt payments. We understand that situations like this can happen to anyone, and UltimateAdvisor from ARAG® can help you address legal or financial events at any time in your life. Whether you want to plan for the future and research your legal matter, need guidance and advice or resolve your legal issue, ARAG is with you every step of the way, providing the right path to assist you.

Plan Ahead, Have a Plan
Not sure where to begin? We’ll provide a trusted source of tools and information to get you started. As a member, you can learn more about your legal issues and plan for the future using the ARAG Legal Center (ARAGLegalCenter.com, Access Code 10507nm) which features the following resources:

- **The Law Guide and Guidebooks** contain a wealth of easily-accessible information to help you learn more about the law, identify options and prepare for handling your legal situation.
- **Identity Theft Prevention and Victim Action Kits** let you take control of your life and create your own action plan.
- **Online Financial Education and Planning Resources** help you map out a solid financial strategy.

Protect What’s Important
As a member, we’ll help you protect what matters most. With easy access to legal professionals and an award-winning Customer Care Center, you’ll receive guidance and direction through a single point of contact. Plus, you’ll benefit from the following services:

- **Telephone advice and consultation** from Network Attorneys who can help you better understand most general legal issues and how to address them. You can consult with Network Attorneys over the phone as often as necessary – and as long as necessary.
- **Estate Planning** is an essential part of ensuring your family, finances and future are protected. Use Do-It-Yourself Legal Documents™ or work with a Network Attorney to create the following estate planning documents:
  - Standard Will
  - Complex Will
  - Codicil (Amendment to a Will)
  - Living Will
  - Healthcare Power of Attorney
  - Financial Power of Attorney
- **Certified Identity Theft Case Managers** guide you through the steps of preventing identify theft – and are there to assist you in recovery if it does occur.
- **Financial Counselors** are available to answer your financial questions and provide general financial planning information and guidance on a wide range of topics, including cash and debt management, budgeting, retirement planning, federal tax information and more.

**Questions?** Call ARAG Customer Care Center at 800-770-0536 or visit ARAGLegalCenter.com (Access Code: 10507nm).
Resolve Legal Issues – and Find Relief

When a life event turns into a legal issue, UltimateAdvisor helps you find relief and resolution, and take control of the situation. We’ll be there for you, with a comprehensive array of legal services – many of which are 100% paid-in-full when you work with a Network Attorney. You can benefit from working directly with Network Attorneys, who provide document review and preparation, small claims assistance, and follow-up calls and letters on your behalf.

When you need legal representation, rely on the services and experience of our Network Attorneys who provide legal help and protection on a wide range of covered services to protect your family, home, auto and finances, including:

**FAMILY**
- Adoption
- Alimony (Limited)
- Child Custody (Limited)
- Child Support (Limited)
- Civil Damage
- Consumer Fraud
- Divorce/Annulment/Separation (Limited)
- Extended Employment
- Felony Matters
- Habeas Corpus
- Incapacity
- Juvenile Matters
- Misdemeanor Matters
- Name Change
- Parental Responsibilities
- Pet-Related Matters
- Small Claims Court Issues

**HOME**
- Building Codes/Zoning Variances
- Foreclosure
- Home Improvement/Contractor issues

**FINANCIAL**
- Bankruptcy (Chapter 7 & 13)
- Consumer Protection for Goods & Services
- Debt Collection Matters
- Federal IRS Tax Audit (Limited)
- Federal IRS Tax Collection (Limited)
- Medicare/Medicaid Disputes
- Social Security Disputes
- Veterans Benefits Disputes

**AUTO**
- Auto Repair
- Buying a New or Used Vehicle
- Drivers License Suspension, Revocation and Restoration with DWI

**General In-Office** – Legal advice, negotiation and services for matters not otherwise covered or excluded – limited to 4 hours per family per calendar year.

**Reduced Fee Benefits** – at least 25% off normal attorney rates – are available from Network Attorneys for any legal matters that are not already covered and not excluded (including Immigration Assistance).

**Do-It-Yourself Legal Documents** offer the convenience and control of creating your state-specific, legally-valid documents online with the help of this easy-to-use tool.

**Affordable Legal Protection**

Enrolling in UltimateAdvisor is quick, easy and affordable. For a low monthly fee you can be enrolled and know you have the protection you need.

- **Individual**: $17.12 per month
- **Two Party**: $21.80 per month
- **Family**: $22.43 per month

**Start on the Path to Protection Today!**

Visit [ARAGLegalCenter.com](http://ARAGLegalCenter.com) and enter Access Code 10507nm to learn more about what the plan offers, research legal topics and MORE! Or call 800-770-0536 to speak with an ARAG Customer Care Specialist.

Insurance products are underwritten by ARAG® Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG LLC, ARAG Services LLC or Advisory Communication Systems Inc, depending on the product and state. Some products are only available through membership in the ARAG Association LC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.
Find Relief. Resolve Your Parents and Grandparents Legal Issues.

SeniorAdvocate can help you – the caregiver – address the legal and financial needs of your parents and grandparents, such as:

- My mom just passed away. How do I start setting up a monthly budget for my dad?
- Where should I start when making decision about the future care of my parents?
- Who’s going to drive Mom to the grocery store when I’m at work?
- How does my grandmother apply for Medicare?
- My father-in-law has never done any estate planning. Is it too late to get his financial matters in order?

These are just a few of the tough questions you may face as a caregiver. And it’s easy to see how caring for a parent or grandparent can take a toll on your life. In fact, many adults dip into their own retirement fund, cut down on hours spent at work, and eventually find themselves torn between spending time with their own family and being there for their parents.

Whether you want to research your options, need guidance and advice or need to resolve a specific caregiving issue, the State of New Mexico offers SeniorAdvocate from ARAG to assist you. With SeniorAdvocate you have access to knowledgeable eldercare professionals and valuable online resources to help ensure you are meeting your loved one's needs – and finding the relief you're looking for.

Be Prepared and Plan Ahead

Not sure where to begin? We'll provide a single, trusted source of tools and information to get you started. As a member, you can learn more about your caregiving issues with the ARAG Legal Center (www.ARAGLegalCenter.com), which features the following resources:

- **Online eldercare resources** gives you access to quality of care ratings and reports, direct access to provider database, and a wide range of tools and information to assist in the care of your parents and grandparents.
- **The Law Guide and Caregiving Guidebook** help you learn more about the law, identify options and prepare for handling your legal situation.
- **Identity Theft Prevention and Victim Action Kits** can help your parents and grandparents prevent identity theft from happening to them.
- **Online financial education and planning resources** can assist your parents and grandparents in securing their financial future.

Questions? Call ARAG Customer Care Center at 800-770-0536 or visit ARAGLegalCenter.com (Access Code: 10507nm).
SeniorAdvocate (Caregiving Plan)

Protect Your Parents and Grandparents from the Unexpected
As a member, we’ll help you protect your parents and grandparents. We’ll provide guidance and direction through a single point of contact with easy access to legal professionals and an award-winning Customer Care Center.

- **Telephone Advice and Consultation** from Network Attorneys can help you understand most general legal issues and how to address them. You can consult with Network Attorneys over the phone as often as necessary – for as long as necessary.
- **Certified Identity Theft Case Managers** guide you through the steps of preventing identify theft for your parents and grandparents – and are there to assist them in recovery if it does occur.
- **Financial Counselors** are available to answer your parents and grandparents financial questions and provide general financial planning information and guidance, cash and debt management, budgeting, retirement planning, federal tax information and more.
- **Caregiving Services** give you telephone access to Eldercare Specialists, who answer your eldercare questions, assess needs and help you develop a care plan. In addition, Specialists will help you conduct caregiver searches and negotiate discounts when available.

Resolve Legal and Financial Issues
SeniorAdvocate helps you find relief and resolution when caring for your parents and grandparents. Services include:

- **Do-It-Yourself Legal Documents™** offer the convenience and control of creating state-specific, legally-valid documents online for your parents and grandparents with the help of an easy-to-use tool.
- **Work with Network Attorneys over the phone** to handle legal issues for your parents and grandparents. Attorneys provide general legal advice, document review and preparation, small claims assistance, and follow-up calls and letters on your parents’ and grandparents’ behalf.
- **Reduced Fee Benefits** are available should a legal issue require legal representation. Your parents and grandparents can meet with a Network Attorney and receive a reduced rate of at least 25% off the normal attorney’s rate.

More Than 90,000 Eldercare Providers
With access to the nation’s most comprehensive eldercare database – including nursing homes, assisted living facilities, adult day health facilities and homecare providers – we will work with you to find the right fit for your parents and grandparents.

Affordable Legal Protection
For only **$8.50 per month**, you can be enrolled in SeniorAdvocate to help care for your parents and grandparents.

Start on the Path to Protection Today!
Visit ARAGLegalCenter.com and enter Access Code 10507nm to learn more about what the plan offers, research legal topics and MORE! Or call 800-770-0536 to speak with an ARAG Customer Care Specialist.

Insurance products are underwritten by ARAG® Insurance Company of Des Moines, Iowa, GuideOne® Mutual Insurance Company of West Des Moines, Iowa or GuideOne Specialty Mutual Insurance Company of West Des Moines, Iowa. Service products are provided by ARAG LLC, ARAG Services LLC or Advisory Communication Systems Inc, depending on the product and state. Some products are only available through membership in the ARAG Association LC. This material is for illustrative purposes only and is not a contract. For terms, benefits or exclusions, call our toll-free number.

2010 State of New Mexico SeniorAdvocate (Caregiving Plan) ARAG_235010
Specially offered to the employees of:

State of New Mexico and Local Public Bodies
For more information contact us at: www.goforbenefits.com or 866-572-2895

Group Universal Life Insurance
75% of Americans with dependents worry about how their family would manage financially without them.¹ Our new Group Universal Life Insurance is a perfect fit for any well rounded benefits plan. It can help meet your needs today, tomorrow, and into the future.

Prepare for the future today
You may feel a little unsure about preparing for your family’s future today, especially when you are dealing with the day-to-day issues of your life. If you are like most, work and family occupy your time. But have you stopped to consider your future or the future of your family? Where do you see yourself 5 or 10 years from now—getting married, having children, paying for your child’s college education?

These may be dreams today, but what if those dreams were cut short by an unexpected death in your family? How would you, your spouse or your children survive financially?

How It Works
First you must decide what benefit amount is right for you and your family. Your premium payments are deducted from your paycheck and added to the fund value which earns interest at a rate of no less than 4.0% annually. Each month, Allstate Workplace Division will deduct expense and cost of insurance charges from the fund, leaving any excess money to earn interest. The interest is not taxed as income until it is withdrawn.²

Fund Value and Premium Payments
Over time, as you continue to pay your premium, your fund value will grow. Monthly premiums are flexible, meaning you can choose to pay as much or as little as you can afford, subject to policy minimums and maximums. Even if you don’t have dependents, it’s smart to consider life insurance. The earlier you start, the lower your cost of insurance will be and the longer your fund value has to grow. Life is full of changes, but you can rest easy knowing that after the first year, you can request an increased or decreased death benefit.

meeting your needs
Our coverage can help meet the needs of you, your spouse, and your child(ren). We know you will agree what we offer will help provide peace of mind for a secure future.

• Up to $150,000 of coverage
• Spouse and Children coverages are also available as separate policies²
• Affordable premiums
• Tax benefits
• Withdrawals and Loans
• Portable coverage

²Partial withdrawals, surrenders and loans from life insurance policies may be subject to ordinary income taxes and possibly an additional 10% federal tax penalty. Outstanding loan balances and withdrawals generally reduce the death benefit and cash value. With proper planning, the death benefit can pass to your beneficiaries free from state or federal estate taxes. Please consult with your tax advisor for specific information.

²Employee must enroll in coverage. Coverage for spouse and children is limited to no more than the amount of the employee’s coverage.

¹Americans Willing to Risk Family’s Financial Security to Save Money in Tough Times, Life Foundation, September 18, 2008

GROUP UNIVERSAL LIFE INSURANCE
Best In Benefits Series™

©2010 Allstate Insurance Company.
The Workplace Marketer.®
www.allstate.com or allstateatwork.com
Specially offered to the employees of:

State of New Mexico and Local Public Bodies
For more information contact us at: www.goforbenefits.com or 866-572-2895

Group Accident Insurance
Accidents happen—an unintentional-injury death occurs every 4 minutes and a disabling injury every 1 second. Our accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. You can use the coverage on its own or to fill a gap left by your other coverage.

You can recover from an accident and help keep your finances intact.
While you can count on health insurance to cover medical expenses, it doesn’t usually cover indirect costs that can arise with a serious, or even a not-so-serious, injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

Group Voluntary Accident Insurance provides extra money that can help: Make ends meet, manage medical costs and keep your savings intact.

With Allstate Workplace Division Group Accident Insurance you can have peace-of-mind knowing:
• Coverage is guaranteed issue—no evidence of insurability required at initial enrollment.
• Benefits paid directly to you unless assigned to someone else.
• Benefits paid in addition to any other coverage.
• Coverage is portable and may be continued if the employee leaves the group.
• Employee or Family Coverage.

Our Coverage
The Group Voluntary Accident Policy consists of a variety of benefits that can help cover you and your family from accident and medical expenses and hospital expenses due to accidents.
The policy pays you a benefit up to a specified amount for:
• Accidental Death
• Dismemberment
• Dislocation/Fracture
• Initial Hospitalization Confinement
• Hospitalization Confinement
• Intensive Care
• Ambulance Service
• Medical Expenses
• Outpatient Physician’s Treatment


ACCIDENT INSURANCE
Best In Benefits Series®

The coverage is provided by limited benefit supplemental insurance policies. This material is valid as long as information remains current, but in no event later than October 1, 2013. Accident insurance benefits provided by policy GVAP1, or state variations thereof. The policy and riders have exclusions, limitations and may have reductions of benefits at specific ages, and may not be available for sale all states. For costs and complete details of the coverage, contact your insurance agent, or call 1-800-521-3535. The Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2010 Allstate Insurance Company. The Workplace Marketer® www.allstate.com or allstatedatwork.com
Specially offered to the employees of:
State of New Mexico and Local Public Bodies
For more information contact us at: www.goforbenefits.com or 866-572-2895

Group Cancer Insurance (including 29 other Specified Diseases)

No one likes to think about getting cancer. But in the U.S., men have slightly less than a 1 in 2 lifetime risk of developing cancer, for women, the risk is a little more than 1 in 3.¹ Cancer may not be preventable, but you can protect yourself from some of the costs. Cancer insurance can help you: Manage the high expenses of treatment; Preserve savings; Protect your family from financial hardship; and Concentrate on getting well.

You can survive cancer and help keep your finances intact.

Cancer is a costly disease, health insurance does not always cover all the costs of treating cancer. There is good news, Allstate Workplace Division (AWD) cancer insurance can help reduce those costs. While an employer can offer health insurance to provide coverage for medical expenses, it doesn’t usually cover indirect costs that can arise if one of their employees is diagnosed with cancer.

Medical insurance often stops short of considering these costs “essential.” Luckily, AWD Cancer insurance can help cover cancer treatment costs. Indirect costs may include: Lost income; Housekeeping expenses; Child-care expenses; Long-distance telephone calls; Special diets; Transportation costs; and Meals and lodging away from home. And, because Group Cancer insurance is supplemental, it can help cover the indirect costs that traditional medical insurance does not cover.

With Allstate Workplace Division Group Cancer Insurance you can have peace-of-mind knowing:

- The policy is guaranteed issue—no evidence of insurability required at initial enrollment.
- Benefits paid directly to you unless assigned to someone else.
- Benefits paid in addition to any other coverage.
- Coverage can be continued if the employee leaves the group by paying premiums directly to the insurance company.
- Individual or family coverage.

Our Coverage

In most states, you have the option of adding a Cancer Screening Benefit, Cancer Initial Diagnosis Benefit, and Intensive Care Benefit. Benefits in the policy include:

- Benefit Category 1 - Hospitalization Related Benefits: Continuous Hospital Confinement; Government or Charity Hospital; Private Duty Nursing Services; Extended Care Facility; At Home Nursing; and Hospice Care
- Benefit Category 2 - Radiation and Chemotherapy Benefits: Radiation and Chemotherapy; Blood, Plasma and Platelets; Hematological Drugs; and Medical Imaging
- Benefit Category 3 - Surgery and Related Benefits: Surgery; Anesthesia; Ambulatory Surgical Center; Second Opinion; and Bone Marrow or Stem Cell Transplant
- Benefit Category 4 - Miscellaneous Benefits: Inpatient Drugs and Medicine; Physician’s Attendance; Ambulance; Non-local Transportation; Outpatient Lodging; Family Member Lodging and Transportation; Physical or Speech Therapy; New or Experimental Treatment; Prosthesis; Hair Prosthesis; Nonsurgical External Breast Prosthesis; Anti-Nausea; and Waiver of Premium

¹Cancer Facts & Figures, American Cancer Society, 2009.

CANCER INSURANCE
Best In Benefits Series™

AW1D153EX. The policy is a Limited Benefit Cancer Policy with Optional Benefits. This material is valid as long as information remains current, but in no event later than October 1, 2013. Group Cancer and Specified Disease benefits provided by policy form GVCP3, or state variations thereof. The policy has exclusions and limitations, and may not be available for sale in all states. For costs and complete details of the coverage, contact your insurance agent, or call 1-800-522-3315.
Allstate Workplace Division is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a subsidiary of The Allstate Corporation. ©2010 Allstate Insurance Company. The Workplace Marketer.® www.allstate.com or allstateatwork.com
Travelers Auto and Home Insurance Program

As a State of New Mexico employee, you could get the very best in personal insurance protection, benefits, and service all at special group rates from Travelers. With over 150 years of experience along with high ratings from the industry’s leading rating companies, you can rely on Travelers to meet your insurance needs today and at the time when you need us most.

Licensed insurance professional at Travelers are dedicated to reviewing your coverages and preparing free, no-obligation quotes. To request a quote, call toll-free 1-888-695-4640. For online quote requests visit, www.travelers.com/sonm.

Benefits at a Glance
Travelers Auto and Home Insurance Program offers the State of New Mexico employees many benefits including:

- Year-Round Enrollment
- Special Group Rates
- Guaranteed Repairs
- Wide-Array of Coverages
- 24-Hour Claim Service
- Money-Saving Discounts
- Portable Policies
- Convenient Payroll Deduction
- Free, No-Obligation Quotes
- Award-Winning Customer Service

Free Quote Service
Call Travelers: 1-888-695-4640
Visit: www.travelers.com/sonm
Auto
Travelers – the company that wrote the first automobile policy in 1897 – offers special group rates and multiple money-saving discounts that could save State of New Mexico employees hundreds of dollars on auto insurance. Travelers auto policy offers broad coverages, including:

- Bodily Injury Liability – Protects in the event of a claim or lawsuit if others are injured in an auto accident that you or your family are considered legally responsible.
- Medical Payments – Pays for reasonable medical expenses or certain other expenses resulting from an auto accident for you and your passengers.
- Uninsured/Underinsured Motorist – Covers injury resulting from a hit and run or uninsured driver.
- Collision – Covers auto damage from a collision with another auto or object, regardless of fault.
- Comprehensive – Covers auto damages from causes such as fire, theft, hail or vandalism.
- Additional Optional Coverages – Coverage for sound reproduction equipment, rental reimbursement, towing and labor, auto loan/lease gap coverage, and repair/replacement cost protection.

Home
Travelers’ unmatched selection of coverage options allow employees to design the insurance package that best meets their needs today and offers the flexibility they need for the years ahead. Travelers provides coverage for:

- The Dwelling – Covers the physical home.
- Other Structures – Covers buildings, such as a garage or shed on the residence premises.
- Personal Property – Is covered anywhere in the world.
- Loss of Use – Coverage for incurred living expenses, when the home is uninhabitable due to a covered loss.
- Personal Liability – Protects you in the event of a claim or lawsuit if someone is injured or their property is damaged while at your home.

Additional Protection
Travelers can provide additional peace of mind with the following protection:

- High-Value Home
- Renters
- Condominium
- Valuable Items
- Boat & Yacht
- Excess Liability (Umbrella)
- Identity Theft

Money-Saving Discounts
Employees may qualify for additional savings with Travelers by:

- Insuring both auto and home with Travelers
- Insuring more than one vehicle
- Carpooling to work
- Having anti-theft devices on covered vehicles with comprehensive coverage
- Insuring drivers who meet the “good student” and “driver training” criteria
- Insuring hybrid vehicles
- Having safety or protective devices in the auto and home

Convenient Payment Options
Flexibility is a key feature of the Travelers Auto and Home Insurance Program. From direct bill to your home and online payments to automatic deductions from your banking account or paychecks, simply choose the payment option that best suits you.

Superior Claim Service
Accidents never seem to happen at a convenient time, so Travelers makes it our business to be on the job for you 24 hours a day. Just call us, toll free, on our claim hotline – day or night – and turn the problem over to us. We’ll take it from there to get you back on the road or in your home as soon as possible.

Free Quotes and Coverage Reviews
Call Travelers, toll free, at 1-888-695-4640 or visit www.travelers.com/sonm today.

This material is for information purposes only. All statements herein are subject to the provisions, exclusions and conditions of the applicable policy. For an actual description of all coverages, terms and conditions, refer to the insurance policy.

Insurance is underwritten by The Travelers Indemnity Company or one of its property casualty affiliates, One Tower Square, Hartford, CT 06183. Coverage, discounts, billing options and repair options are subject to state availability and requirements, individual qualifications and/or the insurance company’s underwriting guidelines. © 2010 The Travelers Indemnity Company. All rights reserved.
Supplemental Life Insurance Benefit Program

for Employees of the
State of New Mexico
and participating Local Public Bodies

☐ Ordinary Life (Whole Life Insurance)
   Paid-Up At 65

☐ Ordinary Life (Whole Life Insurance)
   Paid for Life

About Globe Life

A recognized name
Since 1951, millions of Americans have entrusted their insurance needs to Globe Life And Accident Insurance Company, and that number is growing every day. Globe has become a tradition in some families, with many second and even some third generation policies. We provide a wide range of affordable supplemental life products and services designed to fit the needs of people from all walks of life.

A company you can trust
Globe Life has been providing quality supplemental insurance products to state and federal government employees since 1972. Our company is rated A+ (Superior) by A.M. Best Company (insurance industry analysts) for overall financial strength. This rating is your assurance that an insurer has the resources to meet claims (rating as of 6/06).

We are here for you
If you have any questions regarding your policy, your benefits, premiums or claims, please call customer service toll-free 1-866-298-9115 weekdays between 7:30 am and 4:30 pm Central Time. One of our courteous customer service representatives will be happy to help you.
As an employee of the State of New Mexico or participating local public bodies, you have the opportunity to purchase these optional Life coverages from Globe Life And Accident Insurance Company.

☐ **Ordinary Life**  
*(Whole Life Insurance)*  

**Paid-Up At 65**
- Coverage For Employee & Family
- Guaranteed Issue Face Amounts up to*
  - Employee (up to Age 55): $100,000
  - Spouse (up to Age 55): $30,000
  - Children (up to Age 23): $10,000
- Premiums Remain Level, then Stop at Age 65 when coverage is fully paid up — no rate increases ever
- Graded Benefit available**

☐ **Ordinary Life**  
*(Whole Life Insurance)*  

**Paid for Life**
- Coverage For Employee & Family
- Guaranteed Issue Face Amounts up to*
  - Employee (Age 56 - 76): $50,000
  - Spouse (Age 56 - 76): $10,000
- Premiums Remain Level for life — no rate increases ever
- Graded Benefit available**
Select the level of supplemental Life coverage you need and can afford, as well as any additional riders you want.

**POLICY BENEFITS**

**Guaranteed Face Amount up to**
* If applicant has certain pre-existing medical conditions, policy will be issued with graded benefits.**
* Excess amounts over the Guaranteed Face Amount subject to regular underwriting.

<table>
<thead>
<tr>
<th>Employee (Age 18 - 55):</th>
<th>Spouse (Age 18 - 55):</th>
<th>Children (Age 30 days - 23):</th>
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<tbody>
<tr>
<td>up to $100,000</td>
<td>up to $30,000</td>
<td>up to $10,000</td>
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</table>

**Premium Rate**

- Premiums remain level, then stop at Age 65
- Premiums remain level for Life

**Settlement Options**

- Death benefit paid in full to the beneficiary;
- Annuitize the death benefit;
- Or a combination of both.

**AVAILABLE RIDERS**

**Terminal Illness Accelerated Benefit Rider**
* Upon proof of terminal illness, insured will receive 50% of the current benefit available prior to death, subject to provisions of the rider.

<table>
<thead>
<tr>
<th>Issue Age 30 Days - 55</th>
<th>Issue Age 30 days - 76</th>
</tr>
</thead>
<tbody>
<tr>
<td>No additional charge for this rider</td>
<td>No additional charge for this rider</td>
</tr>
</tbody>
</table>

**Waiver of Premium Disability Rider**
* Upon proof of the insured's total disability as defined by this rider, the company will waive any premiums due (on standard policy only).

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<tr>
<th>Issue Age 15 - 55</th>
<th>Issue Ages 15 - 55</th>
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<tbody>
<tr>
<td>No additional charge for this rider</td>
<td>No additional charge for this rider</td>
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**Accidental Death Benefit Rider**
* This rider pays up to $32,000 for an Accidental Death, subject to policy provisions. This benefit pays in addition to other sums collected under the policy. Policy terminates at age 65. (Employee and Spouse standard coverage only)

<table>
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<tr>
<th>Issue Age 18 - 55</th>
<th>Issue Age 18 - 55</th>
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<tbody>
<tr>
<td>$16,000 Face Amount $0.50 per week</td>
<td>$16,000 Face Amount $0.50 per week</td>
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<td>$32,000 Face Amount $1.00 per week</td>
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**Children's Term to 25 Rider**
* Upon proof of the insured child's death, policy will pay beneficiary up to $10,000, subject to policy provisions

<table>
<thead>
<tr>
<th>Issue Age 30 days - 23</th>
<th>Issue Age 30 days - 23</th>
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<td>$10,000 Face Amount $2.00 per week</td>
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**For those still actively employed subject to certain limitations. Not available to individuals who are HIV positive or terminally ill.**

**Graded Benefit:**
- initial policy benefit is 25%; second year – 50%; third year – 75%; fourth year and thereafter – 100% up to age 71
Globe Life And Accident Insurance Company
Supplemental Life Insurance Program for State of New Mexico Employees

Globe Life And Accident Insurance Company is proud to have been selected to provide supplemental whole life insurance coverage to employees of the State of New Mexico. Globe Life has been insuring Americans from all walks of life for over 50 years, and since 1972 we have been privileged to serve federal and state employees by providing quality, affordable supplemental life insurance coverage.

Plan today for the financial security of your family
As an employee of the State of New Mexico, you have $40,000 of Group Term Life insurance paid for by employer/employee contributions. You also have Optional Group Term Life available to you with coverage levels dependent upon your annual earnings.

However, the State recognizes that this group coverage terminates when an employee leaves or retires from the State of New Mexico. The supplemental whole life coverage from Globe Life does not replace existing coverage from the State, it is in addition to any other life insurance coverage an employee may carry.

NOW is the best time to purchase supplemental life insurance
When you leave or retire, your current group life coverage terminates. You can purchase the same amount of life insurance on an individual basis. Premiums will be based on what product you choose. If you choose a term life policy, age is the only consideration for determining future premiums. If you choose a permanent (whole life) policy, age and health are considered and this could be cost prohibitive.

If you purchase Globe Life’s supplemental life insurance coverage now, while you are still young and healthy, you lock in coverage at lower rates. Because you are purchasing this insurance from Globe Life as an individual, the coverage remains in place, regardless of whether you change jobs or retire. In addition, we will be arranging personalized presentations for all employees statewide to explain how Globe Life’s supplemental whole life insurance can benefit you and your family. Call your Benefits Coordinator/Group Insurance Representative to let them know you are interested in more information about this program.

Enrollers will be on-site during the open enrollment period to answer your questions and to help you with the application process.

If you have questions, or would like more information, call toll-free 1-866-298-9115 weekdays between 7:30 a.m. and 4:30 p.m. Central Time to speak with a Globe Life representative.

Globe Life And Accident Insurance Company
THANK YOU TO OUR SPONSORS:

- Presbyterian
- BlueCross BlueShield of New Mexico
- Lovelace Insurance Company
- medco
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- VSP Vision care for life
- ASI
- The Standard Positively different.
- ARAG Simplifying a complicated world.
- Travelers
- Allstate Workplace Division
- Globe Life And Accident Insurance Company
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2011 Benefit Plan Handbook
for State and Local Public Body Employees