

Employee Benefits Guide 2024



WELCOME

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

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

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

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YOUR BENEFITS ENROLLMENT

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

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

Benefits are effective the first day of the month after your date of hire or status change date, except for long-term disability and employer retirement contributions, which are effective the first of the month and 1 year after your date of hire or status change date.

WHO IS ELIGIBLE FOR COVERAGE?

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

WHEN CAN YOU MAKE CHANGES?

Only with a qualifying life event or during open enrollment.

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

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

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

Updated 11/16/2023

MEDICAL INSURANCE

Our Medical plan provider is **Blue Cross Blue Shield of New Mexico** with the UNM Hospital's network of providers.

■ Medical Card?

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

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

Health Plan Premiums per Pay Period (24/Year)

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

Finding a Provider

We encourage all new employees to select a primary care provider before you need one! You may call UNMH's scheduling line at (505) 272-1111 and they will help you find a provider who best meets your needs or you can search for a provider on the BCBS website <https://www.bcbsnm.com/unmh>. We have 13 primary care clinics located throughout Albuquerque and Rio Rancho, 3 clinics are just for children and the other 10 serve both children and adults.

LoboCare Clinic

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

DENTAL INSURANCE

Our Dental plan provider is **Delta Dental of New Mexico**.

■ Dental Card?

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

Delta Dental PPO Plan

	Delta Dental PPO Dentist		Delta Dental Premier Dentist		Non-Participating Dentist*	
Diagnostic and Preventative Services – No Deductible						
Covered Oral Exams & Cleanings (2 per Calendar Year), X-rays, Fluoride Application, Emergency Treatment, Sealants, Space Maintainers and Diagnostic Casts.						
	Delta Pays 100%	You Pay 0%	Delta Pays 100%	You Pay 0%	Delta Pays 100%	You Pay 0%
Basic Services*						
Fillings, Stainless Steel Crowns, Extractions, Oral Surgery, Root Canals, Periodontics (surgical or non-surgical), and General Anesthesia						
	Delta Pays 80%	You Pay 20%	Delta Pays 80%	You Pay 20%	Delta Pays 80%	You Pay 20%
Major Services*						
Onlays, Crowns, Bridges, Partials or Complete Dentures, Specified Implant Procedures						
	Delta Pays 50%	You Pay 50%	Delta Pays 50%	You Pay 50%	Delta Pays 50%	You Pay 50%
Orthodontic Services**						
	Delta Pays 50%**	You Pay 50%	Delta Pays 50%**	You Pay 50%	Delta Pays 50%**	You Pay 50%
** Lifetime limit of \$1,250 per enrollee.						

* \$50/\$150 Deductible applies

*The maximum benefit amount is \$1,200 per enrolled person per calendar year.

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

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

VISION INSURANCE

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

■ Vision Card?

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

VSP Vision Plan

Benefit	Description	Copay	Frequency
Well Vision Exam	Focuses on your eyes and overall wellness	\$ 10	Every 12 Months
Prescription Glasses		\$ 10	
Frame	\$170 allowance	Included with glasses	Every 24 Months
Lenses	Single vision, lined bifocal, and lined trifocal	Included with glasses	Every 12 Months
Lens Enhancements	Standard Progressive	\$ 0	Every 12 Months
	Premium Progressive	\$ 95-\$ 105	Every 12 Months
	Custom Progressive	\$ 150-\$ 175	Every 12 Months
Contacts (Instead of Glasses)	\$130 allowance	Up to \$ 60	Every 12 Months

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

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

LONG-TERM DISABILITY COVERAGE

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

UNM Hospital provides Long-Term Disability (LTD) coverage at no cost to you. All benefits-eligible employees will be automatically enrolled in LTD. Employees become eligible for LTD on the first of the month following one year in a benefit's eligible status.

The LTD Plan provides 60% of your base monthly pay, up to a maximum of \$10,000 per month. There is a 180-day waiting period after the start date of a disability. Benefits under this plan are coordinated with other sources of disability benefits you may be eligible to receive (such as Social Security or Workers' Compensation). The duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disabled.

SHORT- TERM DISABILITY COVERAGE

The Hartford Life Insurance Company provides our Short-Term Disability (STD) Insurance.

UNM Hospital offers a voluntary employee-paid Short-Term Disability Insurance plan. If you're unable to work for a period of time due to a non-work-related condition, injury or illness, short-term disability insurance offers financial protection by paying you a portion of your earnings. The benefit pays 60% of your weekly base pay, up to a maximum of \$2,500. The sickness/injury benefit begins on the 15th day and lasts up to 24 weeks. You must first exhaust all your accrued leave balances before this benefit begins to pay.

LIFE INSURANCE AND AD&D

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

Company Paid Basic Life Insurance and AD&D

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

Voluntary Supplemental Life Insurance

Please login to The Standard's website to review rate information or to purchase voluntary life insurance.

Employee:

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

Spouse/Domestic Partner:

- \$10,000 – \$100,000
 - For new hires, available guaranteed issue
- \$10,000 - \$250,000 available after completing an Evidence of Insurability form
- You can purchase in increments of \$10,000

Child:

- \$10,000 or \$20,000

Beneficiary Designation

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

To enroll into Voluntary Supplemental Life or to update your beneficiary visit:

<https://standard.benselect.com/unmh>

Username: Your full Social Security number

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

GROUP ACCIDENT INSURANCE

The Standard Life Insurance Company provides our Group Accident Insurance.

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

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

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

UNM HOSPITAL'S AWARDS & RECOGNITIONS



FLEXIBLE SPENDING ACCOUNTS (FSA)

McGriff Insurance Services administers our Flexible Spending Accounts.

Health Care FSA

To participate in the Health Care FSA, you determine the annual amount that you wish to contribute up to a maximum limit of \$3,200 per year. That total is divided by 24 pay periods in the plan year and deducted from your check on a pre-tax basis. The minimum contribution is \$5.00 per pay period.

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

Dependent Day Care FSA

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

Estimate your health care and dependent care FSA expenses carefully! Any money you do not use will be forfeited at the end of the year.

HEALTH SAVINGS ACCOUNT

McGriff Insurance Services administers our Health Savings Account.

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

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

You are eligible to contribute an additional amount through payroll deduction during the year. The 2023 funding (employee and employer combined) are:

- \$4,150 for single coverage
- \$8,300 for family coverage
- \$1,000 additional catch-up contribution for individuals over age 55

Please note:

- You can only enroll in an HSA if you are enrolled in the Consumer Driven Health Plan (CDHP).
- Members eligible for Medicaid, Medicare or Tricare/Champus are not eligible to participate in a Health Savings Account.

RETIREMENT PLANS

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

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

Your retirement plan has two components:

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

Access to your Fidelity Account:

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

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

Appointments:

<https://getguidance.fidelity.com>

Retirement Plans At-A-Glance

Eligibility	Eligible on the first of the month following your date of hire.
Participation	New hires will automatically be enrolled in the plan with a 4% contribution unless you opt out.
Savings Amount	In general, you may contribute a percentage of your pay in whole percentages up to 99% of your eligible earnings. You can participate in only one plan or in both plans. The amount you can save is set by the IRS regulation. In 2024, you can save up to \$23,000 in the 403(b) and in the 457(b). If you will be age 50 or older at any time in 2023, you can defer up to an additional \$7,500 in the 403(b) plan.
Pre-Tax Contributions	When you contribute to the plan with pre-tax dollars, you do not pay federal income on that money, or its investment returns, until you take it out of your account.
After-Tax (Roth) Contributions	If you contribute with after-tax dollars, you pay taxes at the time of saving, but savings and investment earnings are not taxed at the time of distribution.
Investment Choices	You have a wide range of investment funds from which to choose. Each fund is designed with specific investment objectives. Your enrollment materials offer more details on your fund choices.
See the Summary Plan Description on UNM Hospital's intranet at Human Resources, Departments, Benefits, Retirement	

SUPPLEMENTAL HEALTH PLAN

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

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

How to Apply:

To apply for coverage, you must contact:

Martha Velasco at (915) 276-5678 or martha.velasco@Optavise.com.

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

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

Return of Premium

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

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



LEGAL PLAN AND IDENTITY THEFT

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

- **LegalShield** is a pre-paid legal service for individuals, families, and businesses. For a low monthly rate, you get comprehensive legal coverage from an entire law firm of professionals. They can help you with a variety of issues and provide advice whenever you need it.
- **IDShield** is a comprehensive identity theft protection service that monitors the information that matters, offers unlimited consultation on how to protect your information, and provides complete restoration by licensed private investigators if your identity is compromised.

LegalShield Plan Premiums Per Pay Period (24/Year)

	Individual Plan Options	Family Plan Options
LegalShield	\$ 9.48	\$ 9.48
IDShield	\$ 7.47	\$ 14.48
LegalShield & IDShield	\$ 16.95	\$ 22.45

EMPLOYEE ASSISTANCE PROGRAM (EAP)

The UNMH Employee Assistance Program (EAP) is administered by **ComPsych**.

Life can be stressful. Your EAP is designed to provide short-term counseling services for you and your dependents to help you handle concerns constructively before they become major issues. Call anytime about concerns such as marital, relationship and family problems; stress, anxiety, and depression; grief and loss, job pressures and substance abuse. You and your household family members can utilize up to eight (8) free sessions.

ComPsych also offers other resources such as well-being coaching, financial planning, child and elder care, work-life solutions and much more.

GuidanceResources® is ComPsych's online resource and is available 24 hours a day, 7 days a week.

There are two ways to access your GuidanceResources benefits:

1. Call: **(833) 806-8718**. You will speak to a counseling professional who will listen to your concerns and can guide you to the appropriate services you require.
2. Visit GuidanceResources online at www.guidanceresources.com and enter your company ID: **UNMHEAP**

Your ComPsych benefits are strictly confidential. To view the ComPsych HIPAA privacy notice, please go to www.guidanceresources.com/privacy.

We hope you will take some time to explore all the benefits that GuidanceResources can offer to you.

TWILL

Twill is an easy to use, self-guided app that encourages employees to connect with their thoughts and feelings through the use of cognitive behavioral therapy and positive psychology. Twill's journals, activities and learning tracks are fun and approachable!

Sign up: <https://unmh.therapeutics.twill.health/>, access code UNMH-EWB.

RECREATION & DISCOUNT PROGRAMS






UNMH Employees are eligible for several discounts on over a dozen different services. For a full list of discounts that are available for UNMH employees please visit the UNMH Intranet and select:


- Human Resources > Benefits > Resources > Recreation and Discount Programs

Discounts are also offered through BCBS and ComPsych:

- <https://www.blue365deals.com/>
- <https://www.guidanceresources.com/groWeb/login/login.xhtml>

| OUR BENEFITS DELIVER MORE

 <p>Insurance: Health, dental, life and more.</p>	 <p>Retirement Plan: Matching program.</p>	 <p>Paid and Sick Leave: Start with 10 paid and 13 sick days and gain more. Plus, 9 paid holidays.</p>	 <p>Educational Reimbursement: Eligible after 6 months for degree programs.</p>	 <p>Flexible & Health Spending Accounts: Use pre-tax dollars to cover childcare and medical expenses.</p>
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DEPENDENT EDUCATION SCHOLARSHIP

UNMH partnered with the University of New Mexico (UNM) to provide a Dependent Education Scholarship which will pay resident undergraduate tuition for eligible spouses or registered domestic partners and dependent children for undergraduate academic courses taken and billed through UNM for up to eight (8) consecutive semesters, not including summer session (except for the nursing program).

Eligibility

An employee must be employed in at least a 0.50 FTE status, non-temporary position for at least 365 continuous days, as of the last date for student registration for the applicable semester.

- Procedures and deadlines are outlined in the policy.
- See HR Policy 128 “Dependent Education Scholarship” for more detailed information.
- Policies & Procedures are located on UNMH Intranet home page.

TUITION REIMBURSEMENT PROGRAM

Eligibility

- An employee must be employed in at least a 0.50 FTE status, non-temporary position.
- An employee must also be employed by UNMH for at least six (6) continuous months in order to receive tuition reimbursement.

Reimbursement

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

Process

- **Apply prior to class start date** in Tuition Reimbursement System on the intranet.
- See HR Policy 370 “Tuition Reimbursement” for more detailed information. Policies & Procedures are located on UNMH Intranet home page.

Tuition Reimbursement System: Online on the UNM Hospital Intranet:

- Human Resources > Benefits > Tuition.

HOLIDAYS

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

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

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

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

ANNUAL LEAVE

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

- Ten Days accrued by the end of your first year. Accruals prorated based upon hours worked up to a maximum of 3.08 hours per pay period in your first year.
- One additional day accrued for every year of service, until accruals reach a maximum of
- 20 days of annual leave per year. The maximum total accrual allowed in your annual leave bank is 480 hours.
- See HR Policy 215 – Leave, Annual, for more detailed information. Policies & Procedures are located on UNMH Intranet home page.

SICK LEAVE

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

Seven Days Minor Sick Leave Accrual per Year

- Accruals prorated based upon hours worked up to a maximum of 2.15 hours per pay period.
- Use for absences up to 24 consecutively scheduled work hours due to illness or injury.

Six Days Major Sick Leave Accrual per Year

- Accruals prorated based upon hours worked up to a maximum of 1.85 hours per pay period.
- Use for absences over 24 consecutively scheduled work hours due to illness or injury. The maximum total accrual allowed in your major sick leave bank is 1,040 hours.

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

IMPORTANT PLAN INFORMATION

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

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

BENEFITS CHECKLIST

- Complete your enrollment in the EvolvE3 (Lawson Resources) within 31 days from your date of hire or status change date.
- Enroll into Voluntary Supplemental Life Insurance through <https://standard.benselect.com/unmh>. You may have to wait up to 2 weeks from your date of hire or status change date to have access to this site.
- You will be auto-enrolled with a contribution of 4% at Fidelity. You can change your retirement contribution through www.netbenefits.com. You may have to wait up to 2 weeks from your date of hire to have access to this site.



Provider	Phone Number	Website Address and Login Information
Benefits Department Website/Benefits Info Line		
UNM Hospital	505-272-2325	Email: askbenefits@salud.unm.edu Intranet: https://hospitals.health.unm.edu/human-resources/benefits-department/
Medical- Standard and Extended Medical Plans		
Blue Cross Blue Shield of New Mexico	1-800-423-1630	https://www.bcbsnm.com/unmh Select Log In, choose I'm a member, and click Register now. Under Plan Information, enter the Group Number (N11003 for Standard or 252107 for CDHP), your Member ID and home zip code. Then create your member profile.
Prescription Plan		
Alliance RX Walgreens Prime	1-877-357-7463	www.myprime.com Registration/log in is required to obtain information specific to your plan. Click on Register Now to set up your account.
Mail Order/ Home Delivery: Express Scripts	1-833-715-0942	www.esrx.com/BCBSNM
Specialty RX: Accredo	1-833-721-1619	https://accredo.com/BCBSNM
Dental Plan		
Delta Dental	505-855-7111	www.deltadentalnm.com First time users need to set up an account to log in.
Vision Plan		
VSP	1-800-877-7195	www.vsp.com Click on Members and then Create and Account. Use the last 4 digits of your Social Security number to register and enter your name and date of birth.
Flexible Spending Account- Health Care & Dependent Care		
McGriff Insurance Services	1-800-768-4873 or 1-800-930-2441	www.mcgriffinsurance.com Click on Log In drop down box and click Individuals. For first time users, the Username is your last name and the last four digits of your social security number. Your Password is the five-digit zip code of your mailing address.
Cancer/Heart/ICU Plans		
Martha Velasco	(915) 276-5878	www.washingtonnational.com
Washington National	1-800-541-2254	Select Policy Holder from the drop-down menu to log in. First time users will need to register.
Legal Plan		
Joan Buckner	(505) 401-7733	https://shieldbenefits.com/lbtinc/memberResources
Legal Shield	1-800-654-7757	Select Policy Holder from the drop-down menu to log in. First time users will need to register.
Retirement Plan		
Fidelity	1-800-343-0860	www.fidelity.com/atwork or www.netbenefits.com First time users will need to create an account.
Employee Assistance Program		
ComPsych	1-833-806-8718	guidanceresources.com App: GuidanceNow Web ID: UNMEAP
Life Insurance/Long Term Disability		
The Standard	1-800-378-2395	https://standard.benselect.com/unmh
Short Term Disability		
The Hartford	1-888-301-5615	www.thehartford.com/employee-benefits/employees

APPENDIX

BlueCross BlueShield (BCBS)

- Standard LoboCare Network: Summary of Benefits – Page 22
- BCBS Consumer Driven HSA Plan: Summary of Benefits – Page 24
- 90DayMyWay & Prime Therapeutics: Page 26

Delta Dental of New Mexico

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VSP Vision Service Plan

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UNMH Premium Rates

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Add a Dependent

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UNM Hospitals (UNMH) Standard Plan Summary of Benefits

Administered by:



Blue Cross and Blue Shield
of New Mexico

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

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

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

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

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

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

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

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

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

UNM Hospitals (UNMH) Consumer-Driven HSA Plan



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

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

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

FOOTNOTES:

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

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

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

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

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

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

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

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

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

90DayMyWay

CHOOSE HOME DELIVERY OR PHARMACY PICKUP

**SWITCH TO A 90-DAY SUPPLY OR YOU MAY
PAY MORE FOR YOUR MEDICINE.¹**

WE CAN HELP YOU MAKE THE SWITCH TO A 90-DAY SUPPLY.

Good news! Blue Cross and Blue Shield of New Mexico is offering 90DayMyWay[®] through our pharmacy benefit manager, Prime Therapeutics. With 90DayMyWay, you can get up to a 90-day supply of your long-term medicines delivered to your door through Express Scripts[®] Pharmacy. Or, pick them up at a network pharmacy. It's your choice!

Express Scripts[®] Pharmacy home delivery

- Free shipping² with safe, on-time delivery
- Mobile app for quick access to refill requests and information
- 24/7 personalized support from a team of knowledgeable pharmacists and support staff

A network 90-day pharmacy

- Thousands of in-network pharmacies available
- Pick up your medicine when it's most convenient for you
- Talk face-to-face with a pharmacist (during business hours)

con#nued



MAKE THE SWITCH



HOME DELIVERY RETAIL PHARMACY

FREQUENTLY ASKED QUESTIONS ABOUT 90DAYMYWAY

What is 90DayMyWay?

90DayMyWay is a program that gives you more choices in how you get your long-term medicines. When you switch to a 90-day supply of your medicines, you can then get your prescriptions at a retail 90-day pharmacy or use Express Scripts® Pharmacy for home delivery.

How do I switch to a retail pharmacy?

1. Ask your doctor to switch your prescriptions to a 90-day supply (or, your pharmacist can ask your doctor to change your prescription).
2. Take your new prescription or your current prescription bottle to your pharmacy. A pharmacist will transfer any remaining refills.

How do I switch to Express Scripts® Pharmacy home delivery?

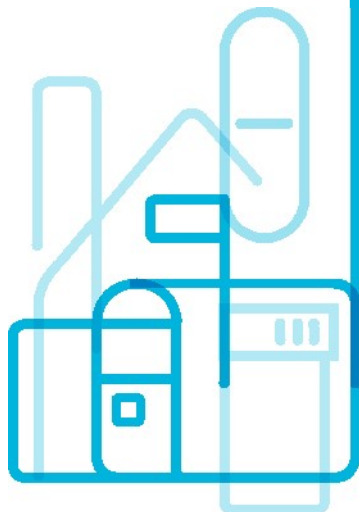
2. Go to express-scripts.com/rx. Follow the steps to create an account using your Member ID. For assistance, please call 833.715.0942.

What are long-term medicines?

Long-term medicines are those you take regularly to treat chronic conditions such as high cholesterol, high blood pressure, asthma, depression or anxiety.

How do I find a network pharmacy?

Visit [MyPrime.com](https://www.myprime.com) to find a pharmacy that offers 90-day supplies.



¹ Treatment decisions are always between you and your doctor. Coverage is always subject to the exclusions and limitations noted in your benefit plan. See your plan materials for details.

² Within the United States.

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Prime Therapeutics LLC is a separate pharmacy benefit management company contracted by Blue Cross and Blue Shield of New Mexico (BCBSNM) to provide pharmacy benefit management and related other services. BCBSNM, as well as several independent Blue Cross and Blue Shield Plans, has an ownership interest in Prime Therapeutics. [MyPrime.com](https://www.myprime.com) is a pharmacy benefit website owned and operated by Prime Therapeutics LLC, a separate company providing pharmacy benefit management services for your plan.

Express Scripts® Pharmacy is a pharmacy that is contracted to provide mail pharmacy services to members of Blue Cross and Blue Shield of New Mexico.

Express Scripts® Pharmacy is a trademark of Express Scripts Strategic Development, Inc.

[Facebook.com/PrimeTherapeutics](https://www.facebook.com/PrimeTherapeutics)

[Twitter.com/Prime_PBM](https://twitter.com/Prime_PBM)

[LinkedIn.com/company/prime-therapeutics](https://www.linkedin.com/company/prime-therapeutics)

[YouTube.com/PrimeTherapeutics](https://www.youtube.com/PrimeTherapeutics)



Delta Dental PPO™ Point of Service Summary of Dental Plan Benefits

For Group #4101 UNM Hospitals

Benefit Period: January 1 through December 31

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

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

Orthodontic Lifetime Maximum: \$1,250 per person total per lifetime

Covered Services

	Delta Dental PPOTM Provider	Delta Dental Premier® Provider ¹	Non- Participating Provider ²
	You Pay	You Pay ¹	You Pay ²
Diagnostic and Preventive Services			
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	No Charge	No Charge	No Charge
Emergency Palliative Treatment – to temporarily relieve pain	No Charge	No Charge	No Charge
Sealants – to prevent decay of permanent teeth	No Charge	No Charge	No Charge
Brush Biopsy – to detect oral cancer	No Charge	No Charge	No Charge
Radiographs – images	No Charge	No Charge	No Charge
Periodontal Maintenance – cleanings following periodontal therapy	No Charge	No Charge	No Charge
Basic Services			
Minor Restorative Services – fillings	20%	20%	20%
Endodontic Services – root canals	20%	20%	20%
Periodontic Services – to treat gum disease	20%	20%	20%
Oral Surgery Services – extractions and dental surgery	20%	20%	20%
Other Basic Services – misc. services	20%	20%	20%
Major Services			
Crown Repair – to individual crowns	50%	50%	50%
Major Restorative Services – crowns	50%	50%	50%
Relines and Repairs – to bridges, dentures, and implants	50%	50%	50%
Prosthetic Services – bridges, dentures, and implants	50%	50%	50%
Orthodontic Services			
Orthodontic Services – braces (lifetime max.)	50%	50%	50%
Orthodontic Age Limit – child and adult	No Age Limit	No Age Limit	No Age Limit

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

Address: 100 Sun Avenue NE STE 400, Albuquerque, NM, 87109

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

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

1) Schedule of higher fees applies. Delta Dental Premier Providers are subject to a schedule of higher Maximum Approved Fees than Delta Dental PPO Providers. You may have higher out-of-pocket costs when you visit a Delta Dental Premier Provider than if you visited a Delta Dental PPO Provider. This may be true even if the Coinsurance percentages are the same for these two types of Providers. You may have the lowest out-of-pocket costs when you select a Delta Dental PPO Provider. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

2) Balance billing applies. Non-Participating Providers may bill you above the Non-Participating Maximum Approved Fees they receive from Delta Dental. You will have the highest out-of-pocket costs when you visit a Non-Participating Provider. This will be true even if the Coinsurance percentages in this column match the percentages for other types of Providers. In addition, Non-Participating Providers have not agreed to Delta Dental's in-network protections for Enrollees. See the Summary of Dental Plan Benefits for more information on networks and cost sharing.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Routine prophylaxes (cleanings), periodontal maintenance, and scaling in the presence of generalized moderate or severe gingival inflammation are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or topical fluoride treatment. The patient should talk with his or her Provider about treatment.
- Topical fluoride treatments are payable twice per calendar year for people up to age 19.
- Fixed bilateral space maintainers are payable once per arch per lifetime for people up to age 14.
- Fixed unilateral, removable unilateral, and removable bilateral space maintainers are payable once per quadrant per lifetime for people up to age 14.
- Bitewing images are payable twice per calendar year and a complete series of radiographic images (which include bitewing images) or panoramic radiographic image is payable once in any five-year period.
- Sealants are payable once per tooth per three-year period for permanent molars, excluding coverage where an occlusal restoration has been completed on the tooth, up to age 16.
- Composite resin (white) restorations are Covered Services on all teeth.
- Implants and implant-related services are payable once per tooth in any five-year period.

Additional Plan Information

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

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

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

Pre-Treatment Estimates: Delta Dental recommends that you ask your Provider for a Pre-Treatment Estimate when more costly procedures are anticipated. A Pre-Treatment Estimate is not a guarantee of coverage. This free report estimates your applicable dental Benefits and out-of-pocket expenses for proposed dental services. Please see the Dental Benefit Handbook for more information. Pre-Treatment Estimates are optional unless specified otherwise in this Summary of Dental Plan Benefits.

Eligibility Provisions

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

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

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

Special Benefit Provisions

None.

Your Network: Delta Dental PPO Point of Service

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

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

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

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

Understanding Your Benefits

READ YOUR PLAN CAREFULLY - THIS BENEFITS SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US. Refer to your Dental Benefit Handbook for other important eligibility and Plan provisions. This Summary of Dental Plan Benefits is attached to and is a component of the Dental Benefit Handbook. To the extent that the rules in the Dental Benefit Handbook conflict with the ones stated in this Summary of Dental Plan Benefits, the rules in this Summary of Dental Plan Benefits control.

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

Contact the New Mexico Office of Superintendent of Insurance (OSI) at any time for assistance with a claim appeal:

Office of Superintendent of Insurance
Phone: 1-855-4-ASK-OSI

www.osi.state.nm.us

A Look at Your VSP Vision Coverage

With VSP and UNM HOSPITALS, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.



With thousands of choices, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

Shop online and connect your benefits.



Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

vsp.
vision care

More Ways
to Save

Extra

\$20

to spend on
Featured Brands†

bebe Calvin Klein
COLE HAAN @DRAGON.
FLEXON LONGCHAMP
and more

See all brands and offers
at vsp.com/offers.

+

Up to

40%

Savings on
lens enhancements‡

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Your VSP Vision Benefits Summary
 UNM HOSPITALS and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 Up to \$39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
		\$10	See frame and lenses
FRAME*	<ul style="list-style-type: none"> \$190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$95 Walmart/Sam's Club/Costco frame allowance 	Included in Prescription Glasses	Every 24 months
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 		
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. 		
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		

COVERAGE WITH AN OUT-OF-NETWORK PROVIDER

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam	up to \$45	Lined Bifocal Lenses	up to \$50	Contacts	up to \$105
Frame	up to \$70	Lined Trifocal Lenses	up to \$65		
Single Vision Lenses	up to \$30	Progressive Lenses	up to \$50		

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
 †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
 ‡Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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 VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Fixon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

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Call: 833.806.8718 Start date: 1/1/2023

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Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

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Web ID: UNMHEAP Start date: 1/1/23

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Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

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- Grief, loss and life adjustments
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Connect today with one of our certified personal coaches. Their one-on-one services are available over the phone or via video link and cover a variety of issues, including:

- Tackling burnout and work-life balance
- Developing self-compassion and resiliency
- Improving sleep and more

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Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

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Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more

Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

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Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

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GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

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Call: 833.806.8718 Start date: 1/1/2023

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TWILL THERAPEUTICS

A new digital approach for less stress and better health

Twill Therapeutics connects you to a range of digital-first care tools and resources that utilize science to help improve mental health and overall well-being.

Ideal for busy lifestyles, these tools offer a self-guided experience that allows you to get the support you need, whenever, or wherever you need it. Twill Therapeutics is completely confidential and available for free to both you and your adult dependents.

How Twill Therapeutics can help you and your adult dependents

- Enjoy unlimited access to thousands of tools and activities to help you **cope with life's challenges**
- Develop skills and healthy habits to help you **overcome negativity, build confidence, and manage stress**
- Engage with a **clinician-trained digital assistant** that personalizes your experience while acting as a supportive guide
- Connect with other members in the

GET STARTED

Step 1:
Scan the QR code below or sign up here:

Step 2:
Access code (not case-sensitive):
UNMH-EWB



UNM Hospitals Premium Rates Effective 1/1/2024 – 12/31/2024

BCBS Health Plan Premiums Standard Plan

Per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST Full Time	EMPLOYER COST Full Time	EMPLOYEE COST Part Time	EMPLOYER COST Part Time
Employee	\$0.00	\$374.50	\$66.00	\$308.50
Employee + Child(ren)	\$204.50	\$384.50	\$270.50	\$318.50
Employee + Spouse / DP	\$391.50	\$394.50	\$457.50	\$328.50
Employee + Family	\$425.50	\$396.00	\$491.50	\$330.00

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

CDHP Plan

Per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST Full Time	EMPLOYER COST Full Time	EMPLOYEE COST Part Time	EMPLOYER COST Part Time
Employee	\$0.00	\$336.50	\$60.00	\$276.00
Employee + Child(ren)	\$150.00	\$382.50	\$210.00	\$322.50
Employee + Spouse / DP	\$318.50	\$390.50	\$378.50	\$330.50
Employee + Family	\$349.00	\$392.00	\$409.00	\$332.00

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

Health, dental and vision premiums are deducted on a pre-tax basis (except domestic partner premiums which are deducted post-tax). Life insurance, Washington National insurance, LegalShield and IDShield are deducted on a post-tax basis. All rates may be subject to change. Benefit elections for the 2024 Plan Year will remain in effect through December 31, 2024. Changes during the plan year may only be made within 31 days of a Qualifying Event, or at the next Open Enrollment (for a January 1, 2025 effective date).



Delta Dental Plan Premiums

Per Pay Period (24/Year)

COVERAGE TYPE	EMPLOYEE COST Full Time	EMPLOYEE COST Full Time	EMPLOYEE COST Part Time	EMPLOYER COST Part Time
Employee	\$0.00	\$15.34	\$6.10	\$9.24
Employee + 1	\$17.50	\$15.34	\$23.60	\$9.24
Employee + 2 or more	\$33.50	\$15.34	\$39.60	\$9.24

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

VSP Vision Insurance Plan

Per Pay Period (24/Year)

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

LegalShield Plan Premiums

Per Pay Period (24/Year)

INDIVIDUAL PLAN OPTIONS	EMPLOYEE COST
LegalShield	\$9.48
IDShield	\$7.48
LegalShield & IDShield	\$16.95
FAMILY PLAN OPTIONS	EMPLOYEE COST
LegalShield	\$9.48
IDShield	\$14.48
LegalShield & IDShield	\$22.45

Washington National Insurance Premiums

Per Pay Period (24/Year)

Starting at \$7.50 per paycheck. Based on age, tobacco use and options elected. Some health restrictions apply. For more information, contact Martha Velasco (915)-276-5878, Independent Representative.



The Standard Voluntary Supplemental Life Insurance Premiums

Per Pay Period (24/Year)

Rates up to \$100,000 (For rates up to \$500,000, multiply by 2, 3, 4, 5 as appropriate)										
Age	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000	\$60,000	\$70,000	\$80,000	\$90,000	\$100,000
Under Age 30	\$0.35	\$0.69	\$1.04	\$1.38	\$1.73	\$2.07	\$2.42	\$2.76	\$3.11	\$3.45
30-34	\$0.46	\$0.92	\$1.38	\$1.84	\$2.30	\$2.76	\$3.22	\$3.68	\$4.14	\$4.60
35-39	\$0.52	\$1.04	\$1.56	\$2.08	\$2.60	\$3.12	\$3.64	\$4.16	\$4.68	\$5.20
40-44	\$0.65	\$1.30	\$1.95	\$2.60	\$3.25	\$3.90	\$4.55	\$5.20	\$5.85	\$6.50
45-49	\$0.99	\$1.97	\$2.96	\$3.94	\$4.93	\$5.91	\$6.90	\$7.88	\$8.87	\$9.85
50-54	\$1.51	\$3.01	\$4.52	\$6.02	\$7.53	\$9.03	\$10.54	\$12.04	\$13.55	\$15.05
55-59	\$2.70	\$5.39	\$8.09	\$10.78	\$13.48	\$16.17	\$18.87	\$21.56	\$24.26	\$26.95
60-64	\$4.23	\$8.46	\$12.69	\$16.92	\$21.15	\$25.38	\$29.61	\$33.84	\$38.07	\$42.30
65-69	\$4.76	\$9.53	\$14.29	\$19.06	\$23.82	\$28.59	\$33.35	\$38.12	\$42.88	\$47.65
70-75	\$6.63	\$13.26	\$19.88	\$26.51	\$33.14	\$39.77	\$46.39	\$53.02	\$59.65	\$66.28
75+	\$3.98	\$7.95	\$11.93	\$15.91	\$19.88	\$23.86	\$27.84	\$31.81	\$35.79	\$39.77

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

Dependent Life coverage for your child(ren) is \$0.75 or \$1.50 each pay period, no matter how many children you are covering.

The Standard Group Accident Insurance Premiums

Per Pay Period (24/Year)

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



2024 Example Short-Term Disability Rates*

Annual Salary	Bi-Weekly Premium (24 pay periods)
\$30,000	\$4.29
\$40,000	\$5.72
\$50,000	\$7.15
\$60,000	\$8.58
\$70,000	\$10.00
\$80,000	\$11.43
\$90,000	\$12.86
\$100,000	\$14.29
\$110,000	\$15.72
\$120,000	\$17.15
\$130,000	\$18.58
\$140,000	\$20.01
\$150,000	\$21.44

*The rates shown above are examples only and specifically for the exact annual incomes listed. If your annual income falls between one of the levels, your bi-weekly premium will also be between the rates for those income levels. For example, if your salary is \$45,000/year, then your rate would fall between the \$5.72/pay period and \$7.15/pay period. Please log-in to [EvolvE3- Employee Self-Service](#) to view your actual rates.

Add Dependent(s)

Add Dependent(s)

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

After logging into Evolve3 Portal:

1. Click **Infor HR Talent**
Note: Employee section opens by default.
 2. Click **My Profile**.
 3. Click **Personal Information**.
 4. Scroll down to **Dependents** and click **Add Dependent**.
 5. Enter dependent information.
 - Complete all required fields (indicated by an *).
 - Include dashes when entering Social Security Number.
 - For Relationship, click and select from the list.**Note:** To enroll a domestic partner, you must email Benefits at AskBenefits@salud.unm.edu for instructions.
 - Address is required. Either check My Home Address or fill out address completely, including Country.
6. Click **Submit** when finished.

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

The screenshot displays the Evolve3 portal interface for user Infor Lawson. The navigation menu on the left includes Home, My Reviews, Manage Goals, View Compensation, My Development, My Mentors, My Profile (highlighted with a red box and callout 2), and Find A Coworker. The main content area shows a 'Personal Information' menu (callout 3) and a 'Dependents' table (callout 4) with columns for Name, Relationship, and Birthdate. An 'Add Dependent' button is visible in the table. The 'Add Dependent' form is open, showing fields for Name (Title, First Name, Middle Name, Last Name), Identification Number (Social Security Number, Country), and Additional information (Relationship, Birthdate, Adoption Date, Placement Date). The form includes a 'Submit' button (callout 6) and a 'Cancel' button. A 'Contact Information' table is also visible in the background.

Time Sensitive Information

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

1. Open the UNMH Intranet and click **Web Based Systems**.
2. Click **EvolveE3 (Lawson Resources)**.
3. Click **EvolveE3**.
4. For first initial login, click **inforcs.health.unm.edu**.
5. Click **Infor Lawson**.
 - a. If Black Menu is not displayed, click **Menu** to expand
6. Click **Bookmarks** menu drop-down.
7. Click **+ UH Employee Self-Service**.
8. Click **+ Benefits**.
9. Click **New Hire Enrollment**.
10. After reading the instructions on the Welcome page, click **Continue**.
11. The list of benefits plans will display. Click **Continue**.
Steps continued on the next page.

The image is a composite of several screenshots from the UNM Health System's Evolve³ portal, illustrating the steps for new hire benefit enrollment. The screenshots are annotated with numbered callouts (1-11) corresponding to the instructions in the adjacent text.

- Callout 1:** Points to the 'Web Based Systems' link in the UNM Health System navigation menu.
- Callout 2:** Points to the 'EvolveE3 (Lawson Resources)' link in the 'Web Based Systems' dropdown.
- Callout 3:** Points to the 'EvolveE3 Portal' link on the Evolve³ landing page.
- Callout 4:** Points to the 'inforcs.health.unm.edu' login URL on the Evolve³ login page.
- Callout 5:** Points to the 'Infor Lawson' application icon in the user interface.
- Callout 5a:** Points to the 'Menu' icon in the Infor Lawson application.
- Callout 6:** Points to the 'Bookmarks' menu in the Infor Lawson application.
- Callout 7:** Points to the '+ UH Employee Self-Service' option in the expanded menu.
- Callout 8:** Points to the '+ Benefits' option in the expanded menu.
- Callout 9:** Points to the 'New Hire Enrollment' option in the expanded menu.
- Callout 10:** Points to the 'Continue' button on the 'Welcome to New Hire Enrollment' page.
- Callout 11:** Points to the 'Continue' button at the bottom of the benefits plan selection screen.

The 'New Hire Enrollment' page displays a table of benefit plans:

Plan Type
HEALTH
HSA
DENTAL
VISION
FSA
LEGAL

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

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

13. Click **Continue**.

14. Click the radio button for the Coverage needed.

15. Click **Continue**.

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

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

Note: Click Previous to go back and make changes.

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

- Dental
- Vision
- FSA/HSA
- Legal

Steps continued on the next page.

The screenshots show the 'New Hire Enrollment' process in three stages:

Screenshot 1 (Step 12): 'Benefit Elections - HEALTH' screen. The user is asked to 'Select the plan in which you would like to enroll.' The table below shows the available plans:

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

Buttons: Continue, Start Over, Exit, Elections.

Screenshot 2 (Step 14): 'Benefit Elections - HEALTH' screen. The user has selected 'Health Plan Standard'. The screen says: 'You have selected [Health Plan Standard](#). Your contribution will be pretax. Costs are Semimonthly. Select one coverage option.' The table below shows the coverage options:

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

Buttons: Continue, Previous, Exit.

Screenshot 3 (Step 16): 'Benefit Elections - HEALTH' screen. The user has selected 'Health Plan Standard'. The screen says: 'You have selected [Health Plan Standard](#). Costs are Semimonthly. Your coverage will begin 04/01/2021. Review and confirm your election choices for this benefit.' The table below shows the selected plan and coverage:

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

Section: Covered Dependents As Of 04/01/2021

Test Martinez

Buttons: Continue, Previous, Elections.

17. Once all plans have been completed, a final review screen displays. If all information is correct, click **Continue**.
Note: To change any plan, click Make Changes and then select the plan that needs to be edited.

18. Click **Ok**.

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

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

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

20. The final screen will display.

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

New Hire Enrollment ? X

Benefit Elections As Of 03/21/2021

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

Plan	Covered Dependents
Health Plan Standard	Test Martinez
	Test Martinez

Summary	Cost
Contributions	397.62
Contributions	0.00
Total company contributions	356.50

Your deductions may differ slightly due to rounding.

17 **Continue** **Make Changes** **Exit**

Dialog

If you choose to keep these benefits and you want to make additional changes later, you will have to contact the benefits department. If you are not sure of the elections you made, select cancel and then choose exit and make elections later. You can then use the web enrollment process when you have made your final decisions. Choose OK to keep these benefits.

18 **OK** **Cancel**

Dialog

Do you want to print these elections for your reference?

Yes **19** No

Continue **Cancel**

New Hire Enrollment

Enrollment Elections **20**

Congratulations Candice Martinez. Your enrollment has been successful.

Please wait for the print box.

NEED HELP WITH YOUR BENEFITS?

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

- **Renee Gauna, HR Benefits Specialist**
Office: (505) 272-1903
Email: RDGauna@salud.unm.edu

- **Chuck Griffith, HR Benefits Specialist**
Office: (505) 272-3924
Email: CHGriffith@salud.unm.edu

- **Nicole Tomlin, HR Benefits Coordinator**
Office: (505) 272-4201
Email: NNTomlin@salud.unm.edu

Benefits Staff Availability

Monday- Friday 8:00 a.m. – 5:00 p.m.

Benefits Office Location

933 Bradbury Dr Se, Suite 3002
Albuquerque, NM 87106

Benefits Fax:

1-866-206-2642 (Toll-Free; Dial 9 from an internal line without a long-distance code, always include the 1).

UNMH Human Resources

505-272-2325

NOTES

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

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

MEMBER/EMPLOYEE INFORMATION

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

BENEFICIARY INFORMATION

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

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

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

Signature of Member/Employee _____	Date _____
------------------------------------	------------

Human Resources Department – Retain for your records.

