2012

ALBUQUERQUE PUBLIC SCHOOLS

Employee Benefits Handbook

ALBUQUERQUE PUBLIC SCHOOLS

ALBUQUERQUE PUBLIC SCHOOLS
Human Resource Office - Employee Benefits
® Accelerate Progress for Students

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January 2012

To: **Albuquerque Public Schools Employees**

From: **Vera M. Dallas, Director, Employee Benefits**

Albuquerque Public Schools is pleased to offer employees and their families a comprehensive benefits package with improved quality healthcare coverage, flexibility and more benefit options. The 2012 APS Employee Benefits Handbook is a valuable resource guide and includes a summary of all employee benefit plans covering over 17,000 educational employees and dependents. The Benefits Handbook also contains valuable information regarding eligibility and enrollment guidelines for the Medical, Dental, Vision, Basic and Additional Life Insurance, Long Term Disability, Pre-tax Insurance Premium Plan (PIPP), Flexible Spending Accounts, Long Term Care Insurance, 403(b) and the 457(b) Deferred Compensation Plans.

Our health, dental and vision plans are self-insured, in other words; our premium dollars go directly toward the payment of our health care claims. APS is responsible for the plan design and the setting of premium contributions. Any premium increases are a direct reflection of increases in the cost of the medical care and prescription drugs we receive. We can help contain costs by practicing a healthy lifestyle for ourselves and our families, by making healthy decisions, eating the right foods, exercising and avoiding unhealthy habits such as smoking and other addictive behaviors.

The cost of health care consumes a large portion of the District's budget. The District currently pays 60% - 80% of insurance premiums, depending upon salary level. Employees pay only 20% - 40% of health care premiums.

Each health plan is subject to a rigorous quality and financial evaluation to determine how to achieve the most value from our plans. Plans are purchased through a co-operative arrangement with three other state agencies; The State of New Mexico, Risk Management Division, New Mexico Retiree Health Care Authority, and the New Mexico Public Schools Insurance Authority. The volume purchasing of our combined strengths (over 200,000 lives covered) enables APS to provide the best quality plans that our State offers. Plan designs are also evaluated each year to contain costs. A minimal co-pay increase could significantly decrease the overall premium rate increase.

Remember that success of our benefit plans depends on us, as employees, understanding our options and using them wisely. Please read all information carefully. Be responsible for your benefits package and that of your family.

For additional information about a specific plan option, please contact the carriers direct at their toll-free Customer Service Center number or access their Website location. You may also contact the APS Employee Benefits Department at 505-889-4859 for assistance, or access the Employee Benefits Website at: www.aps.edu. Select Departments, then select "Employee Benefits."

6400 Uptown Blvd., NE Suite 115E P.O. Box 25704 Albuquerque, NM 87125-0704 505.889.4852 505.889.4883 fax

WHERE to CALL ☎ or WRITE ✉

MEDICAL

	☎	✉
Lovelace	1-800-844-7033 4101 Alb.: 505-727-5700	Indian School Rd. NE, Alb., NM 87110 www.lovelacehealthplan.com
Presbyterian Health Plan	1-888-ASK-PRES (1-888-275-7737) Alb.: 923-5600	2501 Buena Vista SE, PO Box 27489 Alb., NM 87125-7489 www.phs.org

WELLNESS VENDOR

	☎	✉
WellCall, Inc.	888-493-5522 Fax: 1-415-551-7688 Technical Questions PHP: 866-617-3815	584B Castro St. San Francisco, CA 94114 counsel@wellcall.com, www.mywellcall.com or Online – helpdesk@wellcall.com

PRESCRIPTION DRUG

	☎	✉
Medco	1-866-563-9297	PO Box 650322, Dallas, TX 75265-9446 www.medco.com

DENTAL

	☎	✉
United Concordia	1-888-898-0370	Claims, P.O. Box 69421, Harrisburg, PA 17106 www.unitedconcordia.com

VISION

	☎	✉
Davis Vision	1-800-999-5431	Vision Care Processing Unit, PO Box 1525, Latham, NY 12110 www.davisvision.com

FLEX SPENDING ACCOUNTS

	☎	✉
Administrator – ASI	1-800-659-3035 Fax: 1-866-381-9682	6400 Uptown Blvd. NE, Suite 115 E, Alb., NM 87120 www.asiflex.com

ADMINISTRATION

	☎	✉
Employee Benefits Dept. Albuquerque Public Schools	505-889-4859 Fax: 505-889-4882	6400 Uptown Blvd. NE, Suite 115 E, Alb., NM 87120 www.aps.edu

LIFE INSURANCE / LONG TERM DISABILIY

	☎	✉
The Standard Insurance Company	505-889-4859 APS Employee Benefits Department	For claim forms, enrollment and general information, contact the APS Employee Benefits Department or log on to the Standard Insurance APS Microsite at http://www.standard.com/mybenefits/albpubschools/

LONG-TERM CARE

	☎	✉
Prudential Financial	1-888-477-8543	www.prudential.com/gltcweb group name: albuqu password: apsltc

PENSION SYSTEM ADMINISTRATORS

	☎	✉
Educational Retirement Board (ERB)	SF: 505-827-8030, Alb.: 505-888-1560	PO Box 26129, SF, NM 87502 www.nmerb.org
403(b) Voluntary Retirement Savings Plan	1-800-880-2776	PO Box 161630, Austin, TX 78716 www.natlplan.com
457(b) Deferred Compensation Plan	1-866-827-NMEX (6639)	1850 Old Pecos Trail, St.E, SF, NM 87505 www.newmexico457dc.com
The Education Plan – A 529 College Savings Plan	1-877-EdPlan8 (1-877-337-5268)	www.theeducationplan.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)

	☎	✉
Employee Assistance Program (EAP)	505-884-9738	6400 Uptown Blvd., Suite 480W, Alb., NM 87110 www.aps.edu

CREDIT UNION

	☎	✉
New Mexico Educators Federal Credit Union	Alb.: 505-889-7755	www.nmefcu.org

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IMPORTANT EMPLOYEE INFORMATION

GUIDELINES FOR ENROLLMENT

Introduction

Through its Benefits Program, Albuquerque Public Schools helps you pay health care expenses, build capital for the future and provide financial security for you and your family. The program also offers you a range of optional benefits, including extending coverage to family members, to let you customize your coverage to meet your personal needs. You contribute towards the cost of any optional benefits you elect.

This APS District believes our current health plans are a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that our plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Your benefit enrollment is very important. Please review the following guidelines to assist you in submitting the appropriate forms and documentation to enroll in the APS benefit plans offered. Timely submission of your forms and documents will ensure coverage for you and your family members. If you have any questions about your benefit plan options, please contact the APS Employee Benefits Department at (505) 889-4859.

Eligibility

Who is eligible?

- You, if you are classified as full-time (working 30 hours or more per week) and/or current part-time employees already enrolled for benefits who work at least a .45 FTE or greater
- Your legal spouse
- Your Domestic Partner (must complete notarized Affidavit of Domestic Partnership)
- Your married or unmarried natural, adopted children or stepchildren under **age 26**. Dependents under the age of 26 who have access to other employer-sponsored coverage effective for plan years beginning on or after January 1, 2011 are not eligible for coverage under APS Employer-sponsored medical plans.
- Your foster children for whom you have a placement order (married, unmarried and under age **26**). Dependents under the age of 26 who have access to other employer-sponsored coverage effective for plan years beginning on or after January 1, 2011 are not eligible for coverage under APS Employer-sponsored medical plans.
- Your other children for whom you have legal guardianship (married, unmarried and under age **26**). Dependents under the age of **26** who have access to other employer-sponsored coverage effective for plan years beginning on or after January 1, 2011 are not eligible for coverage under APS Employer-sponso red medical plans.

Extended family members are not eligible under any circumstance.

Part-time Benefits Eligibility

Full-time employees who elect to move to part-time status may continue their current insurance benefits (with the exception of long term disability) provided:

- The employee has completed 12 continuous months of service or one contract year of employment with APS as a full-time employee; and
- Part-time employment for purposes of benefit continuation is .45FTE or greater; and
- The employee's premium contribution rate is based on his/her annualized salary. Therefore, premium rates will remain the same and will not change to a lower amount when the status changes to part-time.
- Long Term Disability, (LTD) is not offered to part-time employees in keeping with industry standard and underwriting policies.
- If a part-time employee currently enrolled for benefits cancels coverage, he/she will no longer be eligible for benefits unless he/she changes to full-time status. Benefits coverage must be continuous.

When Can I Enroll?

A new full-time employee has 60 days from the date of hire in which to enroll for benefit plan coverage offered by Albuquerque Public Schools. An employee may also enroll within 60 days of incurring a "change of status/ qualifying life event". Qualifying Life Events are listed on page 6.

Member Responsibilities

- Timely notification (within 60 calendar days of a qualifying event)
- Timely enrollment (within 60 calendar days of a qualifying event)
- Timely submission of documents (within 60 calendar days of a qualifying event, provided you enroll within 60 days)

General Enrollment Guidelines

- **Employer Paid Basic Life & Accidental Death & Dismemberment (AD&D) Coverage**
  If you work the minimum number of hours per week, you are automatically covered for Basic Life & AD&D Insurance for a principal sum of $10,000. The District provides basic life and AD&D coverage at no cost to you. You should complete a beneficiary designation card, even if you do not enroll for any other benefit.

- **The Two-Year Lock-in Dental Rule**
  Late enrollment is not allowed for APS dental coverage unless you involuntarily lose other dental coverage or unless you enroll during the annual Switch/Open Enrollment period held in October. If you apply for dental during Switch/Open Enrollment, your coverage will begin January 1st of the following year. Once enrolled in dental, you may not drop or switch dental plan options until you and each of your covered dependents have been enrolled for two years.

- **The Two-Year Lock-in Vision Rule**
  Late enrollment is not allowed for APS vision coverage unless you involuntarily lose other vision coverage or unless you enroll during the annual Switch/Open Enrollment period held in October. If you apply for vision during Switch/Open Enrollment, your coverage will begin January 1st of the following year. Once enrolled in vision, you may not drop the plan until you and each of your covered dependents have been enrolled for two years.

- **The Medical/Prescription Drug Coverage - Plans' 6-month Pre-Existing Condition Exclusion**
  If you enroll into any of the medical plans and you are a new hire or newly eligible employee, there is a 6-month pre-existing condition exclusion that will apply. This exclusion will also apply to your dependents that are newly eligible for medical coverage (with the exception of newborns and adopted children, provided you enroll them timely). This 6-month period could be reduced if you had prior health coverage and have not been without coverage for 95 days or more.

- **The Late Entrant Rule**
  If you decline any coverage, or if you have not enrolled timely (past 60 days for enrollment), you and/or your dependents are **late enrollees**. As late enrollees, you and/or your family will be subject to the following conditions:

  - No late enrollment is allowed into the Dental or Vision Plans, unless you apply within 60 days from involuntarily losing other dental or vision coverage.

  - **Late enrollment is allowed into any of the medical plans but an 18-month pre-existing condition exclusion will apply.** This 18-month period could be reduced if you had prior health coverage and have not been without coverage for 95 days or more.

  - Late enrollment into the Voluntary Life and Long Term Disability plans is subject to approval by The Standard, based on medical underwriting. There is no guarantee you will be approved.

- **Forms and Required Documents**
  Completing the correct paperwork is crucial to your enrollment into the plans offered. APS requires dependent documentation to safeguard against fraudulent enrollments.

  - Your Social Security Number (SSN) is required to meet the requirements of the Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) for purposes of coordination of benefits for **all insured members** (employee, spouse and dependent children) to the Centers for Medicare and Medicaid Services (CMS).

  - A marriage certificate is required to enroll a spouse.

  - An affidavit and evidence of financial responsibility is required to enroll a Domestic Partner.

  - A birth certificate and/or Adoption Decree provided by a court are required to enroll a child.

  - A qualified medical child support order is required for children for whom you are legally responsible to provide health care coverage.

  - A Placement Order is required to cover foster children.

  - Legal guardianship papers are required (if the child is not your child or adopted).

  - Loss of Coverage Letter from prior employer (if enrolling due to an involuntary loss of coverage)

- **Qualifying Life Events**

  - **New Hire** – Complete Enrollment/Change Form and Beneficiary Designation within 60 days from date of hire.

  - **Marriage** – Complete Enrollment/Change Form within 60 days of event. Review your beneficiary designation for any changes or updates necessary.

  - **New Baby** – Complete Enrollment/Change Form and provide copy of Birth Certificate or Hospital Proof of Birth within 60 days of date of birth.

- **Divorce –** Complete Enrollment /Change Form as soon as possible (not later than the end of the month in which the divorce decree is final). Provide a copy of Final Divorce Decree to include first and last page and any section concerning health insurance. Review your beneficiary designation for possible changes. Timely notification is required to provide COBRA continuation coverage. **It is fraudulent to continue coverage for your ex-spouse on the APS active health plans.**

- **Employment Status Change –** Change in status from Part-time to Full-time (working 30 hours or more per week) – May enroll in all benefits offered to full-time employees. (Marriage certificate required to add spouse/birth certificate to add children/affidavit for domestic partner).

- **Full-time Short-term Employees –** May enroll in all benefits when first hired ONLY. If coverage is dropped employee will be subject to Late Entrant Rules. If employee's contract is renewed after the first day of school, he/she will receive a new "Hire Date". Employee is considered a new hire and may enroll in benefits at that time.

- **Involuntary Loss of Coverage –** Complete Enrollment/Change form to add the coverage you and your eligible family members lost within 60 days of the loss. Provide Loss of Coverage letter from previous employer which specifies who was covered, type of coverage and the date coverage terminated. Include required dependent documentation. Effective date of coverage for you and/or your family will be the 1st day of the month following the date you submit your Enrollment/Change form and required documentation. If you fail to meet these deadlines, you will be subject to Late Entrant Rules.

- **Your Child turns Age 25 –** Applies to Dental and Vision coverage. Complete Enrollment/Change Form to drop coverage. If you do not complete an Enrollment/Change Form, the Plan Administrator will cancel coverage at the end of the child's birthday month and forward a Confirmation Notice.

- **Your Child turns Age 26 –** Extended coverage for dependent child to age 26 applies to medical only. Complete Enrollment/Change Form to drop coverage. If you do not complete an Enrollment/Change Form, the Plan Administrator will cancel coverage at the end of the child's birthday month and forward a Confirmation Notice.

- **Change of Address –** Complete APS Name/Address Change Form within 30 days of change to ensure that your benefit information is updated to reflect new address.

- **Leave of Absence –** For 10 or more consecutive days of absence, contact the Extended Leaves Specialist, Human Resources Department at 889-4865 to file for Extended Leave of Absence. Please refer to APS Employee Handbook and/or Negotiated Agreement if applicable.

- **Resignation, Retirement, or Termination –** Contact the APS Employee Benefits Department to find out when your coverage ends. COBRA continuation of coverage may be available.

Insurance Fraud (Federal and State Insurance Laws Apply)

Anyone who knowingly or willfully makes any false or fraudulent statement or representations shall risk forfeiting all employee and dependent rights to coverage or benefits. APS will take the appropriate disciplinary action against the offending official or employee.

$$ PIPP Will Save You Money $$

PIPP is a Pre-Tax Insurance Premium Plan (PIPP). This plan deducts your medical, dental and vision premiums from your pay BEFORE TAXES are calculated and deducted.

Reducing your taxable income **INCREASES NET TAKE HOME PAY!** This is how PIPP saves you money; it's that simple.

WHO IS ELIGIBLE TO PARTICIPATE?

All APS employees enrolled in a medical, dental or vision plan. New employees become eligible when their medical, dental or vision plans become effective.

HOW DO I ENROLL?

All employees are automatically enrolled in PIPP. However, you can disenroll by checking "No" on the enrollment form under the heading PIPP.

HOW DOES THE PLAN WORK?

Normally, insurance premiums are deducted after FICA and federal taxes are deducted. This means premiums are paid with "after tax dollars". With this plan, the premiums are deducted from your salary before FICA and federal taxes are calculated. This reduces your taxable income by the amount of your premium(s). At the end of the year, your medical, dental and/or vision premiums will not be included in your reportable W-2 income (but will show in another box on your W-2), and will not be subject to federal or state income taxes. PIPP is regulated by Section 125 of the Internal Revenue Service Code.

IF I WAIVE PIPP NOW, CAN I ENROLL LATER?

Your next opportunity to enroll in PIPP would be at next years switch or open enrollment period. Late enrollments are not allowed under IRS regulations.

WHAT'S THE CATCH?

There is really no "catch". PIPP is a fully legal plan under the IRS. There are three situations why PIPP may not be advantageous:

1) A lower FICA base may affect your Social Security retirement benefit slightly depending on how far in the future retirement begins. Please consult your financial advisor.

2) Current tax laws allow employees who itemize deductions to deduct insurance premiums on their federal income tax forms. If you participate in PIPP, you will not be able to deduct medical, dental or vision premiums. Please contact your tax advisor.

3) There are rules for tax credits for people with young children covered by employee paid health plans when premiums are paid after taxes. These rules are complex. Consult your tax advisor.

WHAT IF I CHANGE OR DISCONTINUE MY INSURANCE COVERAGE DURING THE YEAR?

If a family status change has occurred, you have 60 days from the change to change your insurance and PIPP. Family status changes includes: marriage, divorce, birth or adoption of a child, the death of a dependent (spouse or child), change in spouse's employment (new job or lost job), and change in employment (part time from full time, leave of absence) that impact your benefits.

Albuquerque Public Schools Flexible Spending Account Summary

What is a Flexible Spending Account?

A Flexible Spending Account (FSA) is a tax-free account that allows you to pay for essential health care expenses that are not covered, or are partially covered, by your medical, dental and vision insurance plans; or pay for child/dependent care expenses. By contributing a portion of your payroll dollars into your FSA on a pre-tax basis, you can save from 25% to 40% on the cost of eligible expenses you are already experiencing. You save money to pay for your out-of-pocket healthcare expenses, including prescription drug costs, medical, dental, vision and hearing expenses and/or your child or dependent care expenses, including day care, baby sitting, in-home care for older dependents and before & after school care expenses.

When you enroll in an FSA, you decide how much to contribute to each account for the entire Plan Year. For the Health Care FSA you can set aside from $48 - $3,000 per year; and for the Dependent Care FSA you can set aside from $48 - $5,000 per year. The money is deducted from your paycheck pre-tax (before Federal & State income taxes and FICA taxes are deducted) in equal amounts, over the course of the plan year. After you incur expenses that qualify for reimbursement, you submit claims (reimbursement requests) to ASIFlex to request tax-free withdrawals from your FSA to reimburse yourself for these expenses.

It's as Easy As: **-1-** Deciding your Annual Election **-2-** Incurring Expenses **-3-** Submitting Expenses to Get Your Tax Break

Reduce your health care and child care expenses by 25% to 40% by using your FSA!

Health Care FSA Overview:

The Key to getting the most out of your Health Care FSA is to maximize your contributions based on the expenses you, or any of your tax dependents, anticipate incurring during the plan year. To plan your annual election amount:

1) Review the list of eligible expenses (www.asiflex.com has a comprehensive list).
2) Review your medical expenses from last year.
3) Write down any additional eligible expenses you anticipate incurring in the coming year.
4) Be sure to include at least some money to cover your deductible expenditures.
5) Estimate your cost for each of these FSA eligible expenses. (Don't forget that your tax dependents' expenses qualify, too, even if they are on a different health insurance program.)

What healthcare expenses can I use my Healthcare FSA for?

Partial list of qualified medical expenses:

- ✓ Deductibles
- ✓ Copays
- ✓ Doctor's fees
- ✓ Dental expenses
- ✓ Prescription glasses
- ✓ LASIK surgery
- ✓ Prescription drugs & insulin
- ✓ Chiropractor's fees
- ✓ Over-the-counter meds (**will require a prescription**)
- ✓ Orthodontia (See specific requirements)

Your FSA cannot be used for:

- ✓ Insurance premiums
- ✓ Cosmetic procedures (such as face lifts, teeth whitening, veneers, hair replacement, etc.)
- ✓ Clip-on or nonprescription sunglasses
- ✓ Toiletries
- ✓ Long-term care expenses
- ✓ Drugs, herbs, or vitamins for general health and not used to treat a medical condition
- ✓ Warranties

Check out www.asiflex.com for more eligible expenses

Purchasing with Pre-Tax Dollars

The below examples assume a net tax rate of 30%. Your personal tax rate may vary, and your savings will vary according to your net tax rate. Utilize our Tax Savings Calculator (found at www.asiflex.com) to estimate your expected savings based upon a number of variables.

	Price	-	Net Cost	=	Tax Savings
Deductibles for Adults (2)	$1,000		$700		**$300**
Deductibles for Children (2)	$1,000		$700		**$300**
Eyeglasses	$400		$280		**$120**
Prescription Co-pays (annual)	$360		$252		**$108**
Chiropractic services	$240		$168		**$72**
and many others…					

Albuquerque Public Schools Flexible Spending Account Summary

Dependent Care FSA

Dependent Care FSAs create a tax break for dependent care expenses (typically child care or day care expenses) that enable you to work. If you are married, your spouse must be working, looking for work or be a full-time student. **If you have a stay-at-home spouse, you should not enroll in the Dependent Care FSA**. The IRS allows no more than $5,000 per household ($2,500 if you are married and file a separate tax return) be set-aside in the Dependent Care FSA in a calendar year.

Please note that IRS regulations disallow reimbursement for services that have not yet been provided, so even if you pay in advance for your expenses, you can only claim service periods that have already occurred. **Eligible expenses** include day care, baby-sitting, & general purpose day camps. **Ineligible expenses** include overnight camps, care provided by a dependent, your spouse or your child under the age of 19 & care provided while you are not at work.

General FSA Information:

Important Note -- Use It Or Lose It

Claims for either the Healthcare FSA or Dependent Care FSA must be incurred during the eligible period of coverage AND submitted to ASIFlex in a timely manner each year. Any unclaimed dollars remaining in your account will be forfeited to your employer.

Remember you must re-enroll in the FSA program *each year* (even if you don't want your deduction amount to change).

When can I start requesting reimbursement?

You can start submitting requests as soon as services are provided, but eligible expenses can only be incurred on, or after, the first day of your plan year. For the Health Care FSA, the full annual contribution amount is available on the date your enrollment begins. For the Dependent Care FSA, you are allowed to be reimbursed only up to what you have had deducted from your paycheck at that point, but requests in excess of this amount will be reimbursed as additional deductions are taken from your paycheck. You may submit reimbursement requests for either account as frequently, or infrequently, as you prefer.

To request reimbursement from your FSA, you must fax or mail a completed Flex Claim Form (found online at www.asiflex.com) and supporting documentation to ASIFlex at:

Toll-free fax: 1-877-879-9038 **OR** Mail to:

ASIFlex
P.O. Box 6044
Columbia, MO 65205-6044

How will I receive reimbursement?

If you are already enrolled to receive your FSA reimbursements via direct deposit and you want your reimbursements to continue going to the same checking or savings account, you do not have to fill out a new direct deposit form. Your direct deposit information will stay the same from year-to-year until you request otherwise. If you are new to the FSA program, the default reimbursement method for ASIFlex will be to mail you a check. However, you also have the option to sign up to receive reimbursements by direct deposit to a checking or savings account. A direct deposit sign up form will be included with your welcome packet that you receive shortly after enrolling. You can also find this form online at www.asiflex.com. Once you sign up for Direct Deposit, your banking information will stay the same from year to year until you tell ASIFlex you would prefer deposits to a different bank account.

Whom do I contact if I have questions?

ASIFlex Customer Service 1-800-659-3035
Monday – Friday, 6 a.m. – 6 p.m. Mountain Time
Saturday, 8 a.m. – 12 p.m. Mountain Time

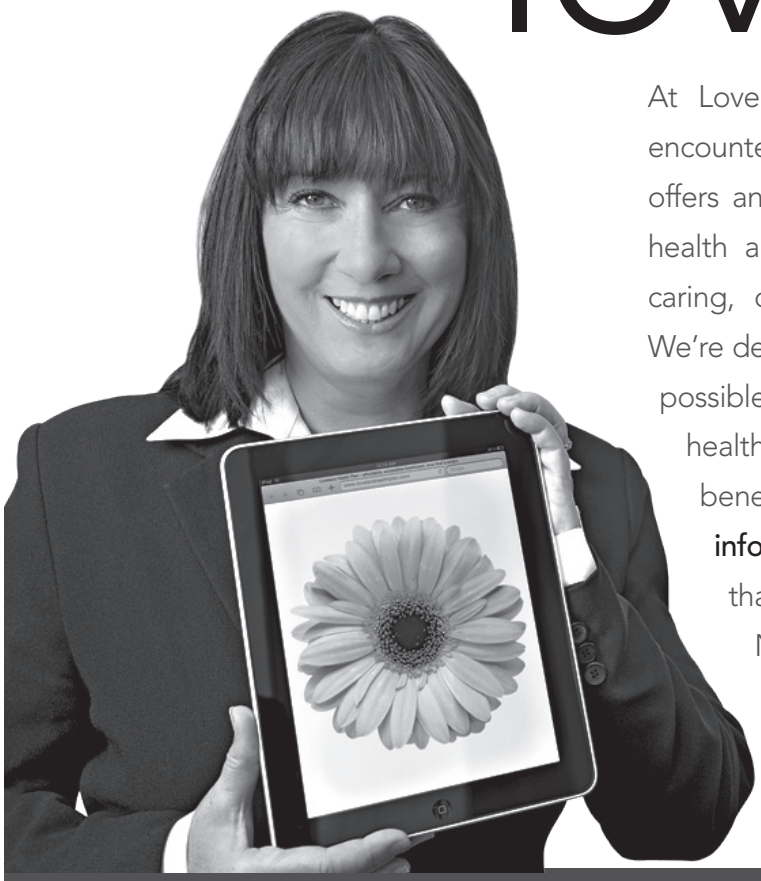
E-mail asi@asiflex.com

ASIFlex's Web site www.asiflex.com

Albuquerque Public Schools employees

you're going to love

lovelace



At Lovelace Health Plan, we believe that each encounter with a patient or health care consumer offers an opportunity to make a difference in their health and well-being through our reputation for caring, customer service and positive outcomes. 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 plan members healthy and informed of their choices.** Today, we serve more than 208,000 members in communities across New Mexico through health plans for individuals, employer groups, retirees and beneficiaries of government programs.

affordable, accessible healthcare. **now that's smart.**

6 REASONS TO LOVE LOVELACE :

1. Access to Heart Hospital of New Mexico at Lovelace Medical Center
2. Low cost premiums and no cost preventive services
3. Wellness programs to accommodate your personal needs
4. National network of providers for members that live or travel outside NM.
5. Over 8,000 health care providers, including providers in bordering states
6. Worldwide Healthy Steps programs to support Wellness initiatives when traveling outside of New Mexico

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.
- You will have access to specialized medicine right here in New Mexico.

ID 179

lovelacehealthplan.com/members/albuquerque-public-schools

Lovelace Health Plan

Lovelace Health System, Inc.

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
Health and support for a healthy pregnancy - 877.708.5777

S.T.O.P.
Stop tobacco for optimal prevention - 877.480.9368

HEALTHY WEIGHT
Help to achieve and maintain a healthy weight - 877.480.9368

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

HEALTHY TRAILS
Help your kids grow up strong and healthy - 877.480.9368

CHOOSE HEALTHY®
Provides members with discounted services and health products - lovelacehealthplan.com

ONLINE EDUCATIONAL TOOLS
Tools to support and promote overall wellness - visit lovelacehealthplan.com

HEALTHY STEPS PERSONAL HEALTH ASSESSMENT
Assess your current health status - visit lovelacehealthplan.com

CASE MANAGEMENT
For members with complex health care needs - 800.808.7363

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

BEHAVIORAL HEALTH OUTREACH & EDUCATION
Community education programs for mental issues - 888.684.0461 ext. 21765

CUSTOMER CARE
For more information, please call

727. 5700 or 800.844.7033
se habla español

or email us at apscustomercare@lovelace.com
(responses within 24 hours)

lovelace

ALBUQUERQUE PUBLIC SCHOOLS
MEDICAL PLANS SUMMARY OF BENEFITS - 2012

Benefits effective January 1, 2012

BENEFIT HIGHLIGHTS		HIGH OPTION		LOW OPTION	
		IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK PARTICIPATING PROVIDER	IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK PARTICIPATING PROVIDER
Annual Deductible[1]	Member deductible (per calendar year) • Single • 2-Party • Family	 None None None	 $300 $600 $900	 $150 $300 $450	 $300 $600 $900
Annual Out-of-Pocket Maximum	Out-of-pocket maximum (per calendar year) • Single • 2-Party • Family	 $2,000 $4,000 $6,000	 $3,500 $7,000 $10,500	 $2,000 $4,000 $6,000	 $4,000 $8,000 $12,000
Lifetime Maximum	Unlimited (Certain services are subject to Calendar Year and/or benefit lifetime maximums or are limited per condition)				
Pre-Existing Condition Limitation (PCL)	Applies to any injury or sickness for which a person receives treatment, incurs expenses or receives a diagnosis from a physician 6 months before the earlier of the date a person begins an eligibility waiting period or becomes insured for these benefits. Coverage for the pre-existing condition is excluded until one year of being continuously insured and/or is satisfying a waiting period. The insured will receive credit for any portion of the PCL waiting period that was satisfied under a previous plan if they are enrolled in the subsequent plan within 95 days (or the applicable timeframe required per state law). Does not apply to dependants under 19 years of age.				

COVERED SERVICE	DESCRIPTION	HIGH OPTION		LOW OPTION	
		IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK PARTICIPATING PROVIDER	IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK PARTICIPATING PROVIDER
Physician Services	Office visit (OV) • Primary care (PCP selection **not** required) • Specialty care (referral **not** required) • Surgery in Office	 $25 co-pay $35 co-pay Included in OV co-pay	 30% 30% 30%	 20% 20% 30%	 40% 40% 40%
	Preventive services • Routine physical • Annual Women's Exam • Annual Men's Exam including PSA • Immunizations • Related laboratory tests & x-rays • Well child care including vision and hearing screening (under age 18) • Colonoscopy • Mammograms	No co-pay	30%; deductible waived	No co-pay and deductible waived up to $250 annual maximum; thereafter 20% subject to deductible	40%; subject to deductible
	Family planning • Birth control injections, insertion/removal of birth control devices • Surgical sterilization in office	$35 co-pay Included in OV Co-pay Included in OV Co-pay	30% 30%	20% 20%	40% 40%
	Allergy injections only	No co-pay	30%	20%	40%
	Allergy testing, treatment Allergy extract preparation	$35 co-pay Included in office visit	30% 30%	20% 20%	40% 40%
Outpatient Diagnostic Testing	Advanced Radiological Imaging (i.e. MRI/PET Scans/CT Scans)	$60 co-pay per test	30%	20%	40%
	Mammograms	No co-pay	30%; deductible waived	20%; deductible waived	40%
	Laboratory & X-ray	No co-pay	30%	20%	40%

COVERED SERVICE	DESCRIPTION	HIGH OPTION		LOW OPTION	
		IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK PARTICIPATING PROVIDER	IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK PARTICIPATING PROVIDER
Hospital Services	Hospitalization (includes room and board, inpatient physician care – physician visits, surgeon and anesthesiologist, laboratory tests & x-rays, and inpatient rehabilitation services)	$750 co-pay per admission	30%[2]	20%	40%[2]
Surgical Services	Inpatient Surgery	Covered as part of hospitalization	30%	20%	40%[2]
	Outpatient Surgery	$100 co-pay	30%	20%	40%
Maternity Services	Physician /midwife services (delivery, prenatal and postnatal care)	$35 co-pay – initial visit only, all other visits no co-pay	30%	20%	40%
	Genetic testing and counseling	Co-pay based on place of service	30%	20%	40%
	Hospital admission	$750 co-pay per pregnancy	30%[2]	20%	40%[2]
	Routine nursery care for newborns	No co-pay	30%	20%	40%
	Home Birth	No co-pay	30%	20%	40%
Urgent and Emergency Services	Urgent care center	$40 co-pay	30%	20%	20%
	Emergency room visit	$120 co-pay [5] (In-network deductible applies for both in- and out-of-network.)		20%	20%[5]
	Ambulance (when medically necessary)	No co-pay	30%[5]	20%	40%[5]
Mental Health*	Outpatient services	$35 co-pay	30%	20%	40%
	Inpatient services [6]	$750 co-pay per admission	30%[2]	20%	40%[2]
	Partial hospitalization • Two partial hospitalizations equal one Inpatient day	$750 co-pay per admission (waived if following inpatient hospitalization)	30%[2]	20%	40%[2]
Substance Abuse*	Outpatient services	$35 co-pay	30%[2]	20%	40%[2]
	Inpatient services [6]	$750 co-pay per admission	30%[2]	20%	40%[2]
	Partial hospitalization • Two partial hospitalizations equal one inpatient day	$750 co-pay per admission (waived if following inpatient hospitalization)	30%[2]	20%	40%[2]
Transplants	Coverage for major human transplants (refer to the Summary Plan Description for details on transplant coverage)	Applicable co-pays based on type/place of service	No benefit	Applicable co-pays based on type/place of service	No benefit
Other Services	Biofeedback (for specified medical conditions only)	$35 co-pay per visit	30%	20%	40%[2]
	Cardiac Rehabilitation – 12 sessions continuous ECG monitoring and 24 sessions intermittent ECG monitoring per calendar year combined In-Network and Out-of-Network maximum Pulmonary Rehabilitation – 24 sessions per calendar year combined In-Network and Out-of-Network maximum	$35 co-pay per visit	30%	20%	40%
	Chemotherapy and/or radiation therapy	No co-pay	30%	20%	40%
	Chiropractic, acupuncture, massage therapy and rolfing[3]	$35 co-pay per visit	30%	20%	40%
		($1,500 combined calendar year maximum)		(maximum 20 combined visits per calendar year)	
	Dialysis	No Co-pay	30%	20%	40%
	Durable medical equipment, prosthetics, orthotics and appliances	15%	30%	20%	40%

COVERED SERVICE	DESCRIPTION	HIGH OPTION		LOW OPTION	
		IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK PARTICIPATING PROVIDER	IN-NETWORK PARTICIPATING PROVIDER	OUT-OF-NETWORK PARTICIPATING PROVIDER
Other Services *continued*	Hearing Aids for Dependant Children (up to the age of 21) Maximum of $2200 per ear every 36 months	No co-pay	No co-pay	No co-pay	No co-pay
	Home health care In-Network – Unlimited visits Out-of-Network - limited 120 visits per calendar year	$35 co-pay per physician visit; no co-pay for non-physician services	30%[3,4]	20%	40%
	Hospice	No co-pay	30%	20%	40%
	Physical, occupational and speech therapy [3, 6]	$35 co-pay	30%	20%	40%
		(maximum 60 visits per condition per calendar year)		(maximum 50 visits per condition per calendar year)	
	Skilled nursing facility [3] *(Admission Co-pay waived if admitted within 72 hours of acute care hospitalization)*	$750 co-pay	30% [2,4]	20%	40% [3,4]
		(maximum 60 days per calendar year)		(maximum 50 days per calendar year)	
	Sleep Studies In-patient Out-patient	$750 co-pay per admission $100 co-pay	30%	20%	40%
	Smoking cessation	50%	50%	20%	40%
Prescription Drugs	Administered by Medco. Contact Medco at 1-866-563-9297				

FOOTNOTES

* Outpatient Mental Health and Substance Abuse Services do not require Prior Authorization. Prior Authorization is required for all Mental Health and Substance Abuse inpatient care. Failure to do so will result in benefits paid under the Out-of-Network benefit level.

1. The Deductible must be met before benefit payments are made.
2. Pre-Admission Authorization is required; $300 penalty, reduction or denial applies to facility's services if not obtained.
3. This benefit includes an annual maximum payment, annual visit limitation, and/or lifetime visit limitation. See your Summary Plan Description for more information.
4. No benefits or reduced benefits if Prior Authorization is not obtained.
5. The emergency care Co-Pay is waived if an admission results; then hospital admission Co-Pay applies.
6. Prior Authorization must be obtained or benefits denied.

specialized medicine

right here in new mexico

HEART HOSPITAL OF NEW MEXICO AT LOVELACE MEDICAL CENTER is the leader in heart care with the latest in cardiac technology, including Stereotaxis Magnetic System for heart rhythm disorders.

LOVELACE WOMEN'S HOSPITAL is New Mexico's only hospital devoted to women's health, including an integrated breast care center, family birthing center (including natural birthing options) and an expanded state-of-the art NICU.

LOVELACE MEDICAL CENTER is the leading health care institution in New Mexico providing the latest technological advancements in the fight against cancer. Our newly renovated facility is staffed by experienced oncology specialists utilizing state-of-the-art technological advances.

The **NEW LOVELACE WOMEN'S HOSPITAL BIRTHING CENTER AT WESTSIDE** gives Westside and Rio Rancho residents access to birthing services close to home.

DA VINCI ROBOTIC SURGERY at Lovelace Women's Hospital is an effective, minimally invasive alternative to both open surgery and laparoscopy. Through the use of the da Vinci® Surgical System, surgeons are now able to offer a minimally invasive option for complex surgical procedures.

coverage

wherever you go!

EXTENSIVE PHYSICIAN NETWORK ACROSS NEW MEXICO & BORDERING STATES

ASSIST AMERICA

Lovelace offers global emergency assistance services including medical referral and monitoring emergency medical evacuation, hospital admission guarantee, and more while traveling 100 miles or more away from home or in another country.

OVER 8,000 NETWORK PROVIDERS

CONTRACTED HOSPITALS

43 NEW MEXCIO HOSPITALS

ACC Indian Hospital
Albuquerque Indian Hospital
Alta Vista Regional Hospital
Artesia General Hospital
Carlsbad Medical Center
Cibola General Hospital
Clovis Plains Regional Medical Center
Dan C. Trigg Memorial Hospital
Eastern New Mexico Medical Center
Española Hospital
Gerald Champion Regional Medical Center
Gila Regional Medical Center
Guadalupe County Hospital
Heart Hospital of New Mexico at Lovelace Medical Center
Holy Cross Hospital
Lea Regional Medical Center
Lincoln County Medical Center
Lovelace Medical Center
Lovelace Westside Hospital
Lovelace Women's Hospital
Memorial Medical Center
Mescalero Indian Hospital
Mimbres Memorial Hospital
Miner's Colfax Medical Center
Mountain View Regional Medical Center
Nor Lea Hospital
PHC Los Alamos Medical Center
Physicians Medical Center of Santa Fe, LLC
Rehoboth McKinley Christian Hospital
Roosevelt General Hospital
Roswell Regional Hospital
San Juan Regional Medical Center
Santa Clara Health Center
Santa Fe Indian Hospital
Santo Domingo PHS HC
Sierra Vista Hospital
Socorro General Hospital
St. Vincent Hospital
Union County General Hospital
University Hospital
UNM Carrie Tingley Hospital
UNM Health Sciences Center
Zuni Indian Hospital

ARIZONA HOSPITALS

Rosewood Ranch LP - Wickenburg

COLORADO HOSPITALS

Mercy Medical Center – Durango

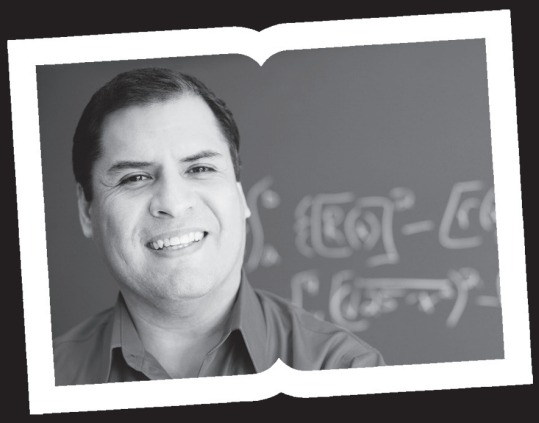
OKLAHOMA HOSPITALS

Bailey Medical Center – Owasso, OK

TEXAS HOSPITALS

Del Sol Medical Center – El Paso
Grace Medical Center - Lubbock
Las Palmas Medical Center – El Paso

Lovelace
Health Plan



When your health has a plan of its own, it's good to know Presbyterian Health Plan.

Presbyterian has a long tradition of serving the employees of Albuquerque Public Schools (APS) and their families.

APS offers employees an Open Access Plan through Presbyterian, which has been specially designed to give you more freedom to manage your own health care. Here are some highlights of what the plan gives you:

- Freedom to choose. You have two health plan choices - a High Option and a Low Option.
- Freedom to see any doctor. This includes Presbyterian providers and facilities, as well as other in-network and out-of-network providers. You can also receive in-network benefits nationally with thousands of providers in the MultiPlan/PHCS network. Visit www.phcs.com to locate participating providers.
- Freedom from referrals. The new plan lets you go to a specialist without getting a referral from your Primary Care Physician.
- Freedom to travel. You're covered under the new plan when you travel to other parts of the state and even around the U.S.
- Freedom from catastrophic financial worries. The plan protects you from catastrophic healthcare costs by setting a limit on out-of-pocket costs during the calendar year.
- Freedom to receive routine and preventive care without a co-pay when using in-network providers.

Presbyterian Customer Service Center
923-5600 or 1-888-ASK-PRES

PRESBYTERIAN
Presbyterian Health Plan, Inc.

www.phs.org

Your story is our story.

You may not be able to choose how your story will start. But what happens next may depend on your health plan. As an active partner with Albuquerque Public Schools, we provide members with the tools they need to feel better, stay healthy and live well.

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.

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.

923-5600 (Albuquerque area)
1-888-ASK-PRES (1-888-275-7737)

www.phs.org

PRESBYTERIAN
Presbyterian Health Plan, Inc.

Health Management Program Guide

We believe in our purpose to improve the health of individuals, families, and communities. That's why our coordinated approach to health management strives to help members maintain healthy lifestyles, as well as help improve and manage more complicated medical conditions.

Staying Healthy

Screening Reminders and Programs

Reminders are regularly sent by mail or phone calls to encourage members to get preventive screenings such as mammograms and pap smears when they are due. To help provide mammography screenings, we can provide a mobile screening van for communities throughout the state of New Mexico. Additionally, our state-of-the-art automated phone response system contacts members to discuss relevant health topics, and our quarterly member newsletter publishes preventive healthcare guidelines that outline recommended screenings by age.

Smoking Cessation Program

Members who want to quit smoking or using tobacco products can call the Tobacco Quit Line at 1-888-840-5445 for confidential support at no additional cost.

Discounts for Acupuncture, Massage Therapy, Chiropractic and Vision Services

Our partnership with BenefitSource brings you member-only discounts for alternative medicine and vision services. Simply present your Presbyterian Member ID card to their participating providers and receive as much as 35% off services like massage therapy, hearing hardware, vision exams and supplies, acupuncture, and chiropractic treatments.

Getting Better

Complex Care Management

Our nurse care coordinators help members with complex care needs navigate the healthcare system and find resources for their treatment.

Benefit Certification

Nurse care coordinators provide short-term care coordination to ensure that members receive the most from their health plan benefits.

Inpatient Support

Nurses and other clinicians work together to create a strategic care plan for members after being discharged from the hospital.

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

phs.org

PRESBYTERIAN

Retrospective Review
Clinicians review insurance claims to ensure appropriate care.

NurseAdvice New Mexico
Members may call NurseAdvice New Mexico toll-free at 1-866-221-9679, any time day or night, any day of the year, to receive confidential medical advice at no extra cost.

Radiology Consultation Program[1]
We've partnered with a nationally recognized radiology benefit manager to provide physicians with up-to-date ordering guidelines and best practices for radiology utilization.

"Baby and Me" Care Coordination
For high-risk pregnancies, a Case Manager will work with the attending physician to ensure the mother receives the necessary medical services.

Living with Illness

Help with Managing Chronic Conditions[1]
Presbyterian Healthy Solutions is an innovative disease management program that helps members improve their health by better managing chronic medical conditions such as diabetes, high blood pressure or asthma. This program is customized for each member and is staffed by a well-trained group of physicians, nurses, and other professionals who provide valuable education and personalized coaching.

Behavioral Health Crisis Line
The Behavioral Health Crisis Line, (505) 923-5491 or 1-866-593-7341, is available 24 hours a day, seven days a week to assist members with urgently needed behavioral health interventions.

Behavioral Health Care Management
Licensed clinicians help coordinate discharges from the hospital to ensure on-going follow-up care.

Medication Therapy Management[1]
Clinical pharmacists work directly with members and providers to give guidance on drug therapy to help members get the most out of their pharmacy benefits.

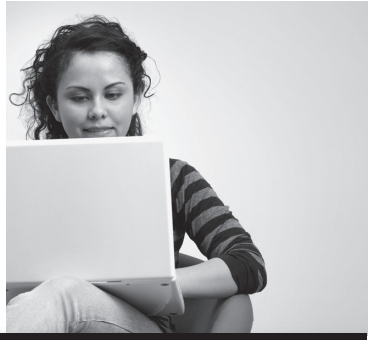
Healthy Advantage

Healthy Advantage Wellness Program
A partnership with our enrolled employer groups with 200+ employees who are interested in improving the health of their employees. *Healthy Advantage is optional for self-insured groups for an additional fee.*
Program components include:
- Employer-specific clinical reports
- Customized health fairs
- Educational materials

[1] *Standard benefit for fully insured employer groups only; optional for self-insured employer groups for an additional fee.*

[MPC060906]
PHP07092

View Your Health Plan Benefits at Pres Online



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ACCESSING PRES ONLINE:

- If you do not have a Pres Online account, go to **www.phs.org** and look for the "**Register Now**" link in the **Pres Online Login** box. Follow the easy steps to create a login and password.
- If you already have a Pres Online account, you may log in anytime through the **Pres Online Login** box on our **www.phs.org** home page.
- Once you've logged in, select the **My Pres Online** option to access your personal information.

[MPC061110]

Dear Member:

You can quickly and easily review your benefit information at your convenience using Pres Online.

A Pres Online account gives you secure, 24-hour access to your health plan information and member exclusive tools and resources. An important eco-friendly feature of Pres Online is the ability to view and print your health plan benefit materials; therefore, **you will no longer automatically receive paper copies of your benefit materials.**

Through My Pres Online you can also:

- Look up your benefit information
- Check the status of your membership
- Change your Primary Care Provider
- Review your claims history
- Request replacement Member ID cards
- Send an online question to Customer Service

If you do not have a way to access the Web or would like to receive your member materials by mail, please call the Presbyterian Customer Service Center at (505) 923-5678 or toll-free at 1-800-356-2219.
TTY users may call (505) 923-5699 or toll-free at 1-877-298-7407.

Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Presbyterian Rust Medical Center

Rio Rancho's First Hospital

www.phs.org

Your story is our story.
Presbyterian has been caring for the Rio Rancho community for nearly two decades. This year, we are expanding our care to include Rio Rancho's first hospital, Presbyterian Rust Medical Center.

The new medical center is a full-service, 21st century hospital where babies will be born, patients will heal and the community will be cared for.

PRESBYTERIAN
Rust Medical Center

As New Mexico's first 21st century hospital, Presbyterian Rust Medical Center will offer the following services to the Rio Rancho and Westside community:

Women's Services and Mother-Baby Care. Rio Rancho and Westside moms can see their doctor or midwife for office visits and deliver their babies all at one location. The new medical center will have a Level I and II Neonatal Intensive Care Unit and also includes full gynecological surgical capabilities.

Orthopedic Surgery/Sports Medicine. Our renowned orthopedic staff will be on-site at the Physician Office Building, letting patients enjoy the convenience of receiving all of their orthopedic care in one place.

Electronic Intensive Care. The hospital is New Mexico's first to bring life-saving tele-Intensive Care Unit services to critically ill patients. Presbyterian is partnering with Advanced ICU Care, which offers 24/7 intensivist (critical care physician) monitoring through telemedicine technology to deliver an enhanced level of care for Intensive Care Unit patients.

Emergency Care. Each patient receives a medical screening exam prior to admission. Those without emergency conditions are directed to a Patient Navigator who will make appointments at a primary care clinic or facilitate a referral to an urgent care clinic. Presbyterian Rust Medical Center also has a helicopter pad for circumstances that require patients to be transported quickly to a facility that can meet their needs.

Universal Care Rooms. Universal Care Rooms bring the care to the patient rather than having the patient move around the hospital for care. Patients receive all levels of care, with the exception of critical care, in one private room.

Privacy and Comfort. Each room is private and comes with a sleeper sofa and workspace for your family. Natural light and sound absorbing ceilings, floors and walls help patients sleep better.

Innovation Lab. Presbyterian has developed an Innovation Lab where new ideas can be tested and, if successful, put into action across the Presbyterian system. The Innovation Lab will help develop a culture of improvement that allows doctors, nurses and other staff to work collaboratively with patients.

Physician Office Building. The new Physician Office Building is adjacent to the Medical Center and is home to 60 Presbyterian Medical Group physicians and independent community physicians. This three-floor office building provides five specialty care clinics (OB-GYN, General Surgery, Orthopedics/Podiatry, Cardiology and Pulmonary), a sample pharmacy, a Coumadin clinic and a lab.

APS Open Access Plan High and Low Option Comparison

PRESBYTERIAN		In-Network Care	Out-of-Network[4]	In-Network Care	Out-of-Network[4]
	Member Copay/Coinsurance	Varies depending on service; see below			
	Member Deductible (Calendar Year) Single Two - Party Family	None	$300 $600 $900	$150 $300 $450	$300 $600 $900
	Out-of-Pocket Max (Calendar Year) Single Two – Party Family	$2,000 $4,000 $6,000	$3,500 $7,000 $10,500	$2,000 $4,000 $6,000	$4,000 $8,000 $12,000
	Lifetime maximum	Unlimited (Certain services are subject to Calendar Year and/or lifetime maximums or are limited per condition.)			
	Pre-existing Limitation (Does not apply to pregnancy, newborns, and newly adopted children, or dependents under 19 years of age.	• No Pre-ex if prior creditable coverage • New enrollees – 6 months • Late enrollees – 18 months			
Physician Services	Office Visit Non-Specialist	$25 office visit Copay	30%	20%	40%
	Specialty care	$35 office visit Copay	30%	20%	40%
	Surgery in Office	Included in office visit Copay	30%	20%	40%
	Preventive services (Deductible waived) Routine physicals Well child care including vision and hearing screening (through age 17) and Immunizations	No Copay	30%[5]	Plan pays 100%	40% (deductible waived for certain test)
	Adult Wellness and Related Testing (including routine Pap tests, cholesterol tests, urinalysis, Mammogram, Colonoscopy etc.,) and Immunizations	No Copay	30%[5]	Plan pays 100% up to maximum of $250. After $250, deductible and 20% Coinsurance apply	40% (deductible waived for certain test)
	Family Planning Birth Control injections, Insertion/removal of birth control devices Surgical sterilization in office	Included in office visit copay	30%	20%	40%

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APS Open Access Plan High and Low Option Comparison

PRESBYTERIAN		In-Network Care	Out-of-Network[4]	In-Network Care	Out-of-Network[4]
Physician Services (continued)	Allergy Testing and Treatment	$35 office visit copay	30%	20%	40%
	Allergy injections only	No copay	30%	20%	40%
	Allergy extract preparation	No copay	30%	20%	40%
Outpatient Diagnostic Testing	PET[1], MRI[1], CT Scans[1]	$60 Copay per test	30%	20%	40%
	Other Laboratory	No Copay	30%	20%	40%
	Other X-rays	No Copay	30%	20%	40%
Hospital Services	**Hospitalization** [1] (includes room and board, Inpatient Physician care- Physician visits, surgeon, anesthesiologist, laboratory & x-ray)	$750 Copay per Admission	30%[2]	20%	40%[2]
	Inpatient rehabilitation services[1]	$750 Admission Copay	30%[2]	20%	40%[2]
	Observation Stay	$75 Copay	30%	20%	40%
Sleep Studies	Inpatient[1]	$750 Admission Copay	30%[2]	20%	40%[2]
	Sleep Labs (two nights)	$100 Copay	30%	20%	40%
Surgical Services	Inpatient Surgery[1,]	Covered as part of Hospitalization	30%[2]	20%	40%
	Outpatient Surgery[1,]	$100	30%	20%	40%
	Office Surgery	Included in office visit Copay	30%	20%	40%
Maternity Services	Physician/midwife services (delivery, prenatal, postnatal care)	$35 copay – initial visit only; all other visits no copay	30%	20%	40%
	Genetic Testing and counseling	Copay based on Service	30%	20%	40%
	Hospital Admission[1]	$750 Copay per pregnancy	30%[2]	20%	40%[2]
	Routine nursery care for newborns	No Copay	30%	20%	40%
	Home Birth	No Copay	30%	20%	40%
Urgent Care Services	Urgent Care Facility	$40 Copay	30%	20%	40%
Emergency Services	Emergency room visit – Hospital charges Emergency room – Physician charges	$120 Copay[6]		20%[6]	

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APS Open Access Plan High and Low Option Comparison

PRESBYTERIAN		In-Network Care	Out-of-Network[4]	In-Network Care	Out-of-Network[4]
Ambulance	Ambulance – Emergency Air Transport	No Copay No Copay	30% 30%	20% 20%	40% 40%
Mental Health	Outpatient services[1]	$35 Copay per visit	30%	20%	40%
	Inpatient services[1]	$750 Copay per admission	30%[2]	20%	40%[2]
	Partial Hospitalization[1] (waived if admitted inpatient) two partial hospitalizations equal one inpatient day	$750 Copay per admission	30%[2]	20%	40%[2]
Substance Abuse	Outpatient services[1]	$35 Copay per visit	30%	20%	40%
	Inpatient services[1]	$750 Copay per Admission	30%[2]	20%	40%[2]
	Partial Hospitalization [1] (waived if admitted inpatient) two partial hospitalizations equal one inpatient day	$750 Copay per Admission	30%[2]	20%	40%[2]
Other Services	Alternative therapy[3] (e.g. Acupuncture, Chiropractic, Massage therapy, and Rolfing)	$35 Copay per visit **($1,500 combined In-Network and Out-of-Network Calendar Year maximum)**	30%	20% **(20 Visits per Calendar Year)**	40%
	Biofeedback (for specified medical conditions only)	$35 Copay per visit	30%	20%	40%
	Cardiac or Pulmonary Rehabilitation – Outpatient	$35 Copay	30%	20%	40%
	Chemotherapy and/or Radiation Therapy	No Copay	30%	20%	40%
	Dialysis	No Copay	30%	20%	40%
	Dental Services (for specified medical conditions only	Copay based on service	30%	20%	40%
	Durable Medical Equipment Prosthetics and Orthotics and appliances[1]	15%	30%	20%	40%
	Hearing Aids – (Limited to school aged children under 18 years old (or under 21 years of age if still attending high school).	No Copay The plan pays 100% of the allowed amount up to a maximum of $2,200 every 36 months "per hearing impaired ear"	No Copay	No Copay	No Copay
	Home health care[1]	No Copay	30%	20%	40%
	Hospice[1] Bereavement counseling***(limited to 3 sessions during the Hospice benefit period)***	No Copay	30%	20%	40%

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APS Open Access Plan High and Low Option Comparison

PRESBYTERIAN		In-Network Care	Out-of-Network[4]	In-Network Care	Out-of-Network[4]
Other Services (continued)	Respite care ***(limited to 5 continuous days for each 60 days of Hospice care. No more than two respite stays allowed)***				
	Infertility related services	Copay based on service	30%	20% (Diagnostic only)	40% (Diagnostic only
	Physical, Occupational and Speech Therapy[1,3]	$35 copay per visit	30%	20%	40%
		(combined maximum of 60 visits per condition per Calendar Year)		***(combined maximum of 50 visits per condition per Calendar Year)***	
	Skilled Nursing Facility[1,3]	$750 Admission Copay	30%	20%	40%[2]
		(max. 60 days per Calendar Year)		***(max. 50 days per Calendar Year)***	
		Admission copay waived if admitted within 72 hours			
	Smoking cessation	50%	50%	20%	40%
Trans-plants	Coverage for human organ transplants[1,3] (refer to booklet for complete details on transplant coverage and call for case management services)	Applicable Copay based on place of service	**No benefit**	20%	**No benefit**
Prescrip-tion Drugs	Administered by Medco[5]. Call Medco at **1-866-563-9297**				

[1] *Certain services are not covered if Benefit Certification is not obtained from the plan administrator. See Section 2 of the Summary Plan Description for a list of services requiring Benefit Certification..*

[2] *Admission review is required for Inpatient Admissions. You pay a $300 penalty for all facility services if approval is not obtained.*

[3] *This benefit includes an annual maximum payment, annual visit limitation, and/or lifetime visit limitation. See Section 2 and 4 of the Summary Plan Description for more details.*

[4] *If you choose to receive routine care from Out-of-Network Providers, payments by Presbyterian Health Plan for Covered Services will be **limited** to Reasonable and Customary Charges. For care other than Emergency or Urgent care, you will be responsible for any balance due above Reasonable and Customary charges*

[5] *Not subject to the Deductible.*

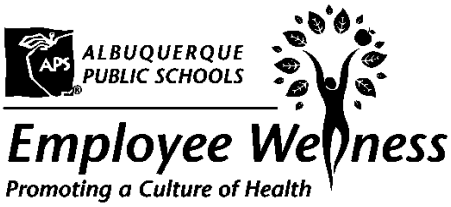
[6] *In-network Deductible applies for both in and out of network*

Health Management

Presbyterian Health Plan provides members a number of tools to help better manage all health conditions, including:

- Direct access to medical advice any time, day or night through NurseAdvice New Mexico – 1-866-221-9679.
- Help with managing chronic conditions through our internal disease management program Presbyterian Healthy Solutions – (505) 923-5487 or 1-800-841-9705.
- An online WebMD Health Manager site featuring up-to-date health information and resources to help create a personalized health improvement – www.phs.org/phs.healthplans/online.
- Useful diabetes education and support through our Certified Diabetes Educators via the Diabetes Resource Line – (505) 923-5017 or toll-free at 1-866-634-2617.

Presbyterian Customer Service Center – 505-923-5600 or toll free 1-888-275-7737 APS Eff. 01/01/12



Welcome to WellCall

WellCall is Albuquerque Public School's new Wellness Vendor!

Albuquerque Public Schools has partnered with WellCall, a third party wellness company to offer Health Coaching and wellness services for all insured APS employees, spouses and domestic partners.

In fall 2011, WellCall conducted a Personal Health Profile survey for all insured employees, spouses and domestic partners allowing them to earn a discount of up to $40 per month on their insurance premium. The survey included health and lifestyle related questions to establish a wellness score and report for all participants. This information provides employees with education about their health status and recommends suggestions of lifestyle behaviors that can be improved along with some great tips to get started. WellCall's Health Coaches can review the results of the wellness report with the member and get them started on their health goals. The best part is that all of WellCall's services are free to insured employees, spouses and domestic partners!

This benefit is one of many health initiatives sponsored by Albuquerque Public Schools to help their employees and families to get healthy and active. Albuquerque Public Schools cares about their employees and wants to offer wellness services and education to employees so they can improve their lifestyle to be healthier and happier members of the community. WellCall's services are just one benefit of the multiple APS 2012 Health initiatives. Stay up to date with all APS wellness news and activities by visiting the APS Employee Wellness website at http://www.aps.edu/staff/employee-wellness.

Health Coaching

Reach your lifestyle goals with the help of your own private Health Coach. Personal Health Coaches are highly trained, certified health specialists with extensive backgrounds in nutrition, weight management, exercise, smoking cessation, prenatal and postnatal care, chronic conditions, back and neck pain, and more.

With your own Health Coach, you have what it takes to be successful. Having your own Health Coach to support and motivate you to achieve a healthy lifestyle will help you get the results you want. Call your Health Coach today to learn more!

Phone: (888) 493-5522 **Email: counsel@wellcall.com** **Chat: www.mywellcall.com**

Reach your wellness goals

Your Health Coach will work with you to create a customized wellness plan. Whether your goal is to quit smoking, lose weight, start exercising, eat better, or lower your stress level, you'll have the benefit of an experienced health professional to guide you. It's not every day that someone will pay for you to work with an expert to reach your health goals.

WellCall's services are FREE & include:

- Confidential in-depth wellness coaching via phone, email or IM
- A personalized wellness plan with action steps
- Easy access to experts who can answer your health and wellness questions
- Online wellness programs available 24 hours a day, 7 days a week
- Access to a wide variety of free educational and wellness materials including tip sheets
- And most importantly, results!

Online Health Coaching Programs and Tutorials

WellCall's wellness website offers unlimited access to interactive Health Coaching programs and tutorials in a variety of areas including: walking for fitness, tobacco cessation, weight management, nutrition, and stress management. WellCall's walking program includes a free pedometer for those who complete the first module of the program! Visit www.mywellcall.com to learn more.

Gym Discounts

Through GlobalFit, you and your family have discounted access to gyms nationwide to over 10,000 locations in the U.S. and Canada. The wellness program provided by your employer includes free access to WellCall's Health Coaching services and resources that can help you live a healthier life and accomplish your wellness goals. Your dependents can utilize these wellness services too!

To access WellCall's online programs, tutorials, and gym discounts:

Go to www.mywellcall.com. If you are a first time visitor, click the "register" button. Next, enter your company password. Follow the online instructions and complete the registration process. Once your account has been activated, go to www.mywellcall.com and log in with your email address and password.

To sign up for an online program:

Click "Health Coaching" on the top of the page. Then click "Online Coaching Programs."

To sign up for an online tutorial:

Go to "Wellness Resources" on the top of the page and select "Wellness Tutorials."

To access the GlobalFit gym discount program:

Go to "Wellness Resources" at the top of the page and select "Discounts."

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THE ALBUQUERQUE PUBLIC SCHOOLS PRESENTS
YOUR PRESCRIPTION-DRUG PROGRAM
ADMINISTERED THROUGH MEDCO

By enrolling in one of the Albuquerque Public Schools medical plans, you are automatically covered under the prescription- drug program administered through Medco. This program offers you the flexibility to purchase your medications either at a participating pharmacy or through Home Delivery.

With Medco, you'll have access to:

- **Convenient mail-order services through the *Medco Pharmacy*™.** You'll be able to have up to a 90-day supply of long-term medication delivered directly to you for one mail-order co-payment. Long-term medications are those taken to treat an ongoing condition, such as high blood pressure, high cholesterol, or diabetes.
- **A large network of participating retail pharmacies** To find a participating pharmacy, visit Medco's website, **www.medco.com**, or call Member Services toll-free at **1 866 563-9297**.
- **Helpful resources on www.medco.com**, including the ability to order mail-order refills, check order status, compare medication costs, request order forms and envelopes, and access useful health and benefit information.
- **Medco Member Services representatives, available 24 hours a day, 7 days a week** (except Thanksgiving and Christmas), to assist with questions about your benefit or orders.

Copayment Structure

Copayments	Participating Pharmacy			Home Delivery
	Percent	Min.	Max.	
Generic	20%	$8	$20	$15
Brand Formulary	30%	$20	$50	$30
Non- Formulary	40%	$40	$100	$70
Day Supply	Up to 34 consecutive days supply			Up to 90 consecutive days supply
Specialty Medications	$90 copayment, $750 out-of-pocket maximum per calendar year for a 30- day supply. After reaching $750 limit, copayments for the remainder of the plan year are: Generic — $5, Brand — $10, Non-Formulary — $24			
Insulin and diabetic supplies	$0 copayment			

Diabetic Supplies: Insulin, insulin syringes with needles, alcohol swabs, blood testing strips, glucose/ketone testing strips, ketone tablets, lancets, lancet devices and diabetic monitors **require a written prescription from a physician to be covered under the prescription plan.**

Drugs Requiring Prior Authorization-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 1 866 563-9297

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Quantity Management: 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.

Specialty Medications – Accredo: You have available to you the benefit of purchasing your high-cost medications through Accredo. Accredo is a specialty pharmacy that operates as a home delivery program specializing in high- cost medications that are used on a long-term basis and available at a low cost to the member.

Formulary-Albuquerque Public School's prescription-drug plan will use a formulary – or list of medications. The formulary encourages you to use generics. It's one way that Albuquerque Public School is working to make prescription drugs more affordable. If your brand-name prescription is on the formulary list, you'll pay the applicable copayment. If your doctor chooses a generic or a similar brand-name medication on the list, you'll pay the applicable copayment. If your brand-name prescription isn't on the list and you decide to keep taking it, you'll need to pay more.

Step Therapy Program -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 1-866-611-5948, 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 1 866 563-9297.

Vaccinations-Plan Benefits includes vaccinations ***without a copayment*** by a certified pharmacist. Below is a list of covered vaccines. To locate a certified pharmacist, please contact Medco Member Services at 1 866 563-9297.

- DPT
- Hepatitis B
- Tetanus/Diphtheria
- Influenza
- MMR
- Varicella
- Gardasil®
- Meningococcal
- Zostavax®
- Hepatitis A
- Pneumonia

Important Notice from Albuquerque Public Schools About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Medco through the Lovelace and Presbyterian Health Plans and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage with a higher monthly premium.**

2. **Albuquerque Public Schools has determined that the prescription drug coverage offered by Medco through the Lovelace Insurance and Presbyterian Health Plans is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare (by age or disability) and each year from November 15th through December 31st.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Medco coverage will not be affected; however, the Medicare Drug Plan may reimburse little, if any, of your prescription drug expenses.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Albuquerque Public Schools and if you don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to join.

For More Information Regarding This Notice and/or Your Current Prescription Drug Coverage

Contact our office at (505) 889-4859. **NOTE:** You will get this notice annually, before the next period you can join a Medicare drug plan and, if this coverage through Albuquerque Public Schools changes. Or, you may request a copy of this notice at any time.

For More Information Regarding Your Options Under Medicare Prescription Drug Coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans, or you may:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	November 2, 2010
Name of Entity/Sender:	Albuquerque Public Schools/Employee Benefits Department
Address:	6400 Uptown Blvd. NE, Suite 115E, Albuquerque, NM 87110
Phone Number:	(505) 889-4859

UNITED CONCORDIA® DENTAL

Experience the Dental Difference with United Concordia

With more than 40 years of dental experience, United Concordia is one of the nation's largest and most respected dental insurers. They proudly serve the dental health needs of Albuquerque Public Schools as well as the needs of more than 8.1 million members worldwide.

With dental benefits administered through United Concordia, you can:

- Access United Concordia's national Advantage *Plus* network of dentists, with more than 150,000 access points nationwide and over 1,200 access points in New Mexico
- Receive dental ID cards (2 per family)
- Register to use **My Dental Benefits** at **www.UnitedConcordia.com** for secure access to eligibility, claim details, payment information, procedure history, printable ID cards and more
- Call **1-888-898-0370** to speak with a designated customer service representative or access claim and benefit information through an automated system, 24/7

Why visit a United Concordia network dentist?

While you can visit any dentist or specialist without a referral, you can maximize your benefits by visiting an Advantage *Plus* network dentist. Visiting a network dentist …

- **Saves you money**—Because network dentists accept United Concordia's negotiated fees, or maximum allowable charges (MACs), as payment in full for covered services, there's no balance billing and you save more out of pocket!
- **Saves you time**—Network dentists agree to file claims for you, so it's one less thing for you to worry about.
- **Provides peace of mind**—All network dentists undergo rigorous review through United Concordia's quality-assurance process and routine verification of their credentials.
- **Stretches your benefit dollars**—Paying less for care from a network dentist lets you receive more covered services before reaching your annual maximum.

When visiting an out-of-network dentist . . .

- Your benefit level will be lower
- You may have to pay the full bill at the time of service and file a claim for reimbursement
- You'll have to pay the difference between United Concordia's reimbursement and the out-of-network dentist's charge, in addition to the coinsurance, deductible and any charges for non-covered services

Visiting a United Concordia network dentist really does benefit your smile and your wallet!

EEM-0125 0911

UNITED CONCORDIA® DENTAL

Concordia Preferred Basic Plan

Benefit Category	In-Network[1]		Out-of-Network	
Diagnostic and Preventive Services	Plan Pays	You Pay	Plan Pays	You Pay
Routine Oral Exams[2]	100%	0% (no deductible)	25% of allowed amount	75% of allowed amount + any charges in excess of the allowed amount (deductible applies)
Cleanings[2]				
X-rays (complete mouth—once every 5 years; bitewings—two sets per 12 months through age 13, once every 12 months thereafter)				
Sealants (through age 15; permanent first and second molars only)				
Emergency Treatment for Relief of Pain				
Fluoride Treatment (two per 12 months through age 18)				
Basic Services				
Basic Restorative	80%	20% (deductible applies)	25% of allowed amount	75% of allowed amount + any charges in excess of the allowed amount (deductible applies)
Simple Extractions				
Endodontics				
Nonsurgical Periodontics				
Repair of Denture and Bridgework				
Major Services				
Complex Oral Surgery	0%	100% of maximum allowable charge	0%	100% of dentist's fee
Surgical Periodontics				
Removable Partial or Complete Dentures and Fixed Bridges				
Inlays, Onlays and Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)				
Orthodontics				
Diagnostic, Active, Retention Treatment	Not Covered		Not Covered	
Deductibles and Maximums				
Calendar-Year Deductible	$50 ($150 per family)			
Calendar-Year Maximum[3] (per person)	$1,250			
Lifetime Orthodontic Maximum	N/A			

1. In-network dentists agree to accept United Concordia's maximum allowable charge as payment in full.
2. Two cleanings and routine oral exams are covered in a 12-month period.
3. In-network and out-of-network contract-year maximums cannot be combined.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your insurance certificate or plan description.

EEM-0125 0911

UNITED CONCORDIA® DENTAL

Concordia Preferred Comprehensive Plan

Benefit Category	In-Network[1]		Out-of-Network	
Diagnostic and Preventive Services	Plan Pays	You Pay	Plan Pays	You Pay
Routine Oral Exams[2]	100%	0% (no deductible)	100% of allowed amount	0% of allowed amount + any charges in excess of the allowed amount (no deductible)
Cleanings[2]				
X-rays (complete mouth—once every 5 years; bitewings—two sets per 12 months through age 13, once every 12 months thereafter)				
Sealants (through age 15; permanent first and second molars only)				
Emergency Treatement for Relief of Pain				
Fluoride Treatment (two per 12 months through age 18)				
Basic Services				
Basic Restorative	80%	20% (deductible applies)	55% of allowed amount	45% of allowed amount + any charges in excess of the allowed amount (deductible applies)
Simple Extractions				
Endodontics				
Nonsurgical Periodontics				
Repair of Denture and Bridgework				
General Anesthesia and IV Sedation (covered only in conjunction with dental surgery)				
Complex Oral Surgery				
Surgical Periodontics				
Major Services				
Removable Partial or Complete Dentures and Fixed Bridges	50%	50% (deductible applies)	35% of allowed amount	65% of allowed amount + any charges in excess of the allowed amount (deductible applies)
Inlays, Onlays and Crowns (when teeth cannot be restored to normal form and function with amalgam, composite resin or plastic fillings)				
Orthodontics				
Diagnostic, Active, Retention Treatment (adult and child)	50%	50% (no deductible)	50% of allowed amount	50% of allowed amount + any charges in excess of the allowed amount (no deductible)
Deductibles and Maximums				
Calendar-Year Deductible (per person)	$50 ($150 per family)			
Calendar-Year Maximum[3] (per person)	$1,500			
Lifetime Orthodontic Maximum[3] (per person)	$1,500		$1,000	

1. In-network dentists agree to accept United Concordia's maximum allowable charge as payment in full.
2. Two cleanings and routine oral exams are covered in a 12-month period.
3. In-network and out-of-network maximums cannot be combined.

This Benefit Summary highlights some of the benefits available under your plan. A complete description regarding the terms of coverage and exclusions and limitations will be provided in your insurance certificate or plan description.

EEM-0125 0911

UNITED CONCORDIA® DENTAL

Frequently Asked Questions

Q. How do I find out if my dentist participates with United Concordia?
A. You can access dentist directory information online at **www.UnitedConcordia.com** under Find a Dentist, or by calling the toll-free customer service line at **1-888-898-0370**.

Q. What does "maximum allowable charge" mean?
A. The maximum allowable charge (MAC) is the discounted amount that network dentists agree to charge for a covered service. United Concordia network dentists accept this amount as payment in full, which means they collect only the applicable coinsurance from the member and cannot bill members for any amount over the MAC.

Q. Do I have to complete a claim form for each dental visit?
A. If you receive care from an Advantage *Plus* network dentist, you do not need to worry about claim forms—your dentist will take care of all the paperwork. However, if you receive care from an out-of-network dentist, you may have to complete and submit your own claims. You can access a claim form online in the **Members** section of www.UnitedConcordia.com, or by contacting customer service or your benefits office.

Q. Will United Concordia cover the replacement of teeth missing prior to the effective date of coverage?
A. No, United Concordia will not cover the replacement of teeth missing prior to your effective date of coverage under the Albuquerque Public Schools program.

Q. How will orthodontic benefits be paid if I am currently undergoing orthodontic treatment?
A. An orthodontic treatment plan must be submitted by the treating provider to determine the remaining benefit that you may be entitled.

Q. Does United Concordia require predetermination of benefits?
A. Predeterminations are not required, although you should consider requesting that your dentist provide a predetermination before you begin treatment for complex procedures like crowns, bridges, dentures or non-acute periodontal surgery. If you visit an out-of-network dentist, United Concordia recommends that you request a predetermination of benefits before beginning any treatment. That way you'll know whether or not a service is covered and how much you can expect to pay out of pocket.

Q. What is an Alternate Benefit Provision?
A. An Alternate Benefit Provision is a limitation on all covered benefits. Frequently, several alternate methods exist to treat a dental condition. United Concordia will make payment based on the allowance for the less expensive procedure, provided that the less expensive procedure meets accepted standards of dental treatment.

Q. Can I receive care from a dentist who is not in United Concordia's network?
A. Yes, you can receive care from any licensed dentist. If you choose to see a out-of-network dentist, you will be responsible for higher coinsurance amounts and billed for any charges over United Concordia's allowed amount for covered services. Network dentists accept United Concordia's maximum allowable charge as payment in full for covered services, which means you are responsible only for the applicable deductible and coinsurance amount.

DAVISVISION®
SEE LIFE

Vision Care Plan Benefit Summary

Services	In-Network Plan Pays	In-Network You Pay	Out-of-Network Plan Pays	Out-of-Network You Pay
Eye Examinations • Every 12 months. • Including dilation as professionally indicated.	Covered after copayment	$10.00	Up to $35.00	Any charge in excess of the allowed amount
Spectacle Lenses • Every 12 months.	Covered after copayment	$15.00 for spectacle lenses and/or frames	• Up to $25.00 for single vision lenses • Up to $40.00 for bifocals • Up to $55.00 for trifocals • Up to $80.00 for lenticulars	Any charge in excess of the allowed amount
Frames • Every 24 months. • Members may select dress eyewear or occupational eyewear (safety or VDT eyeglasses). You may choose from the Premier Selection of frames from "The Collection" available in most network provider offices. A $110.00 credit, plus 20% off the overage will go toward any other frame at a participating provider office. When receiving services from a provider who does not have the collection (such as a participating retail center), a retail credit of equivalent value to the wholesale credit will be applied to your purchase.	Covered after copayment	$15.00 for spectacle lenses and/or frames	Up to $35.00	Any charge in excess of the allowed amount
Contact Lenses (Elective) • Every 12 months. • Contact lenses may be selected in lieu of eyeglasses. Your provider will give you specific copayment information for the type of lenses you require. A $110.00 credit, plus 15% discount off the overage (which may or may not apply toward fitting/follow-up care fees) will be applied toward contact lenses from the provider's own supply (such as gas permeable or toric). When receiving services from a participating retail center, the credit will be applied toward the purchase of contact lenses and fitting/follow up fees. Where required by state, the full credit may be applied toward contact lenses only. Medically necessary contact lenses are covered in full (prior approval is required). Please Note: Contact lenses can be worn by most people. Once the contact lens option is selected and the lenses are fitted, they may not be exchanged for eyeglasses. * *Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.*	Covered after copayment	$0.00 for standard, soft, daily-wear contact lenses or disposable* planned replacement contact lenses	• Up to $110.00 for cosmetic contact lenses • Up to $210.00 for medically necessary contact lenses	Any charge in excess of the allowed amount

***If you are currently enrolled, please call Davis Vision at* 1-800-999-5431**
***with questions or visit our website:* www.davisvision.com.**
If you are not currently enrolled, please call 1-877-923-2847
or visit Davis Vision's website and enter client code 2267.

This Benefit Summary highlights some of the benefits available under your plan.
A complete description regarding the terms of coverage and exclusions and limitations
will be provided in your plan description.

MS00332 9/7/11

Albuquerque Public Schools is very pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your other health care benefits.

How do I receive services from a provider in the network?

- Call the network provider of your choice and schedule an appointment.
- Identify yourself as an employee or covered dependent of Albuquerque Public Schools.
- Provide the office with the employee's ID number and the date of birth of any covered children needing services.

It's that easy! The provider's office will verify your eligibility for services, and no claim forms or ID cards are required!

Who are the network providers?

They are licensed providers who are extensively reviewed and credentialed to ensure that stringent standards for quality service are maintained. Please call **1-800-999-5431** to access the Interactive Voice Response (IVR) Unit, which will supply you with the names and addresses of the network providers nearest you, or you may access our website at **www.davisvision.com** and utilize our "Find a Doctor" feature.

Davis Vision's extensive national network consists of thousands of independent optometrists, ophthalmologists, opticians and select national retail chains offering members both convenience and choice when selecting a provider. Members may select a provider based on the type of eye care professional, location or hours of availability.

The value of the vision care benefit is identical at all participating provider locations, though subtle distinctions may exist at some retail locations. Typically, participating retail locations will not display "The Collection" of frames, but will have a comparable selection in terms of quantity and styles that are available without any out-of-pocket expense to the member (other than applicable scheduled copayments). All frames at participating retail locations are provided according to the group specific non-plan frame allowance.

Similarly, the group specific non-plan contact lens allowance will be applied whenever eligible members choose to receive contact lenses through their benefit at a participating retail location. In all cases, members will receive the full value of their benefit allowance, although variations in state laws may necessitate slight distinctions. In some states, the contact lens allowance may be applied only towards the cost of contact lens materials, not professional fees. In those cases, the member may be responsible for payment of a contact lens fitting fee directly to the affiliated optometrist, then receive a greater quantity of contact lenses to exhaust the full retail allowance amount.

What lenses/coatings are included?

- Plastic or glass single vision, bifocal or trifocal lenses, in any prescription range.
- Glass grey #3 prescription lenses.
- Oversize lenses.
- Post-cataract lenses.
- Fashion, sun or gradient tinted plastic lenses.
- Polycarbonate lenses for dependent children and monocular patients, and patients with prescriptions +/- 6.00 diopters or greater.

Are there any optional lens types or coatings available?

Yes, you can pay the low, discounted fixed fees indicated and receive these exciting optional items:

- $30.00 for polycarbonate lenses.
- $30.00 for intermediate vision lenses.
- $35.00 for standard brands of ARC (anti-reflective coating). Premium ARC is $48.00. Ultra ARC is $60.00.
- $75.00 for polarized lenses.
- $65.00 for plastic photosensitive lenses.
- $55.00 for high-index (thinner and lighter) lenses.
- $20.00 for blended invisible bifocals.
- $12.00 for ultraviolet (UV) coating.
- $20.00 for scratch-resistant coating.
- $20.00 for Photogrey Extra® (photosensitive) glass lenses.
- $50.00 for standard progressive addition multifocal lenses. Premium progressive addition multifocals are $90.00.*

** Progressive addition multifocals can be worn by most people. Conventional bifocals will be supplied at no additional cost for anyone who is unable to adapt to progressive addition lenses; however, the copayment will not be refunded.*

When will I receive my eyewear?

Your eyewear will be delivered to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or a participating provider's frame is selected.

What about out-of-network provider benefits?

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

Vision Care Processing Unit
P.O. Box 1525
Latham, NY 12110

To request claim forms, please visit the Davis Vision web site at **www.davisvision.com** or call 1-800-999-5431.

May I use the benefit at different times?

To maintain continuity of care, we recommend that all services be obtained at one time from either a network or an out-of-network provider.

Warranty Information

A one year unconditional breakage warranty is provided for all eyeglasses completely supplied by Davis Vision.

More special features:

LENS 123®
Replacement Contact Lenses By Mail

Free membership and access to a mail order replacement contact lens service, Lens 123, providing a fast and convenient way to purchase replacement contact lenses at significant savings. For more information, please call 1-800-LENS-123 (1-800-536-7123) or visit the Lens 123 website at www.Lens123.com.

Information About Low Vision Services:

You and your covered dependents are entitled to a comprehensive low vision evaluation once every five years and low vision aids up to the plan maximum. Up to four follow-up care visits will be covered during the five year period.

Information about Laser Vision Correction Services:

Davis Vision provides you and your eligible dependents with the opportunity to receive Laser Vision Correction Services at discounts of up to 25% off a participating providers normal charges, or 5% off any advertised special (please note that some providers have flat fees equivalent to these discounts). Please check the discount available to you with the participating provider. For more information, please visit us at www. davisvision.com or call 1-800-999-5431.

Are there any exclusions?

The following items are not covered by this vision program:

- Medical treatment of eye disease or injury.
- Vision therapy.
- Special lens designs or coatings, other than those previously described.
- Replacement of lost eyewear.
- Non-prescription (plano) lenses.
- Services not performed by licensed personnel.
- Contact lenses and eyeglasses in the same benefit cycle.
- Two pairs of eyeglasses in lieu of a bifocal.

For more information, please visit Davis Vision's website at www.davisvision.com or call Davis Vision at 1-800-999-5431 to:

- Access the Interactive Voice Response Unit to locate network providers in your area who have "The Collection".
- Verify eligibility for yourself or a family member.
- Request an out-of-network provider reimbursement form.
- Speak with a Member Service Representative.
- Ask any questions about your Vision Care benefits.

Member Service Representatives are available:

- Monday through Friday, 6:00 am to 9:00 pm, Mountain Time, and;
- Saturday, 7:00 am to 2:00 pm Mountain Time.
- Sunday, 10:00 am to 2:00 pm Mountain Time.

Participants who use a TTY (Teletypewriter) because of a hearing or speech disability may access TTY services by calling **1-800-523-2847**.

Your rights as a patient:

Davis Vision recognizes that all patients have specific rights, including, but not limited to:

- The right to complete information about their healthcare options and consequences.
- The right to participate in all treatment decisions.
- The right to dignity, privacy, confidentiality and non-discrimination.
- The right to complain or appeal any decision.

Patients also have the responsibility:

- To provide complete and accurate information.
- To follow care instructions.

For a complete copy of Your Rights and Responsibilities As a Patient, please visit our website at: www.davisvision.com or call 1-800-999-5431.

Noncontributory Basic Life and AD&D Insurance Highlights

APS offers you Basic Life and Accidental Death & Dismemberment (Basic AD&D) Insurance at *no cost to you* through **Standard Insurance Company**. APS pays the entire cost of these coverages, and you are automatically enrolled in both. You are eligible for coverage if you are an active full-time employee regularly working at least 30 hours per week at APS. Both Basic Life and Basic AD&D coverages end on termination of employment. However, you may convert your Life coverage to an individual life insurance policy with The Standard. See your certificate for full plan details.

Basic Life

Coverage Amount: You are automatically enrolled for an amount equal to $10,000.

Repatriation Benefit: The expenses incurred to transport your body to a mortuary near your primary place of residence, but not to exceed $5,000 or 10% of your Life insurance benefit, whichever is less.

Basic Accidental Death & Dismemberment (AD&D)

Coverage Amount: You are automatically enrolled for an amount equal to your Basic Life.

AD&D Benefits for Losses other than Loss of life: Benefits are paid at certain percentages of your coverage amount for specific accidental losses, including coma, as indicated in the certificate of insurance (not more than 100% of your coverage amount is payable for all losses due to the same accident.) See your certificate for full details.

Other Benefits Include: Seat Belt Benefit; Air Bag Benefit; Career Adjustment Benefit (for your spouse/domestic partner); Higher Education Benefit (for your children); Child Care Benefit; Occupational Assault Benefit; and benefit for Loss due to exposure or disappearance. See your certificate for full details.

Exclusions: A Loss is not covered if it is caused or contributed to by any of these: suicide or other intentionally self-inflicted injury, while sane or insane; sickness or pregnancy existing at the time of the accident; heart attack or stroke; war or act of war; committing or attempting to commit an assault or felony, or actively participating in a violent disorder or riot; the voluntary use or consumption of any poison, chemical compound, alcohol or drug; medical or surgical treatment for any of the above. See your certificate for full details.

Contributory Additional Life Insurance Highlights

APS also offers active employees the opportunity to enroll in a group Additional Life Insurance plan provided through **Standard Insurance Company**. You and APS share the cost of this coverage. See your certificate for full plan details.

Eligibility to Participate:	To be eligible for Additional Life, you must be insured under Basic Life.
Guaranteed Coverage:	If you enroll within 60 days of your date of eligibility, your coverage amount will be guaranteed.
Medical Evidence Requirements:	If you enroll after 60 days of your date of eligibility, you must provide evidence of insurability satisfactory to The Standard.
Waiver of Premium:	If you are totally disabled, as defined by The Standard, for 180 consecutive days and are less than 60 years of age at the time disability begins, coverage continues with no premium payment, provided you report your disability within 20 months of its start and submit any required proof.
Termination of Coverage:	Coverage ends upon termination of employment, but you may convert to an individual life insurance policy with The Standard. See your certificate for full details.

Additional Life coverage may be purchased in increments of $10,000 from $10,000 to $400,000.

Additional Benefits Include:	Accelerated Benefit; Beneficiary Financial Counseling Services.

Family – Dependent Life Insurance

APS offers you the opportunity to enroll your dependents in a group Dependent Life Insurance plan through **Standard Insurance Company**. The Dependent Life options are called Plan 1 and Plan 2. You pay the full cost of premiums for each Plan.

Spouse/Domestic Partner & Children

Eligibility to Participate	Your spouse/domestic partner and dependent children are eligible for coverage under Plan 1 if you are enrolled in Additional Life. You must also be insured for Additional Life and Dependent Life Plan 1 to purchase coverage under Dependent Life Plan 2. Children are eligible from birth until age 25. See certificate for full details.
Guaranteed Coverage	For Plan 1, if you enroll your dependent within 60 days of the date you become eligible, no evidence of insurability is required.
Medical Evidence Requirements	For Plan 2, evidence of insurability is required for spouse/domestic partner amounts in excess of $30,000 and for any amount for your spouse/domestic partner if you apply more than 60 days after the date you become eligible. Child(ren) outside of the 60 day window may only be added at the next open/switch enrollment.
Coverage Amounts	Plan 1: The amount for your spouse/domestic partner is $5,000. The amount for your child(ren) is $5,000. Plan 2: You may apply for spouse/domestic partner coverage in increments of $10,000 from $10,000 to $400,000. You may apply for the following coverage amount for your child(ren): $10,000.

Employee – Additional AD&D

An equivalent amount of Additional Accidental Death & Dismemberment coverage is automatically included when you elect Additional Life Insurance.

Long Term Disability Highlights

Have you protected your income in the event you are no longer able to work? You should consider how your inability to earn an income would impact you and your family. Take time now to learn how Long Term Disability Insurance from The Standard can help you safeguard your future.

Here's a summary of the APS plan features and the advantages of participating. See your certificate for full plan details.

DEFINITION OF DISABILITY
In order to be eligible for LTD benefits under this plan, you must be disabled as defined by The Standard. See your certificate for the Definition of Disability.

While disabled, the Own Occupation Period is the first 24 months for which LTD benefits are paid. The Any Occupation Period begins at the end of the Own Occupation Period and continues to the end of the Maximum Benefit Period.

BENEFIT WAITING PERIOD
You must be continuously disabled for 90 days before LTD benefits become payable. No LTD benefits are payable during the Benefit Waiting Period.

COVERAGE AMOUNT

You may choose one of the following benefit levels:	60% of your pre-disability earnings.
The maximum monthly benefit:	$5,000 before reduction by deductible income.
The minimum monthly benefit:	$100

Benefits may be reduced by the deductible income or disability earnings. See your certificate for full details.

SURVIVORS BENEFIT
A Survivors Benefit may be payable in the event of your death.

The Survivors Benefit equals three months of your gross disability payment.

Disabilities With Limited Pay Periods
Payment of LTD benefits is limited to 24 months during your entire lifetime for a disability caused or contributed to by any one or more of the following, or medical or surgical treatment of one or more of the following:

- Substance Abuse
- Mental Disorders
- Other Limited Conditions

See your certificate for full details.

Partial Income Replacement The benefits from this disability plan provide partial income replacement when you are unable to work due to sickness or injury.

Assistance and Support for Your Return-to-Work Efforts APS and The Standard have designed the disability program to help employees make the most of their capabilities.

Competitive Group Rates This Disability Program is offered to you at group rates that are typically lower than individual insurance rates. You will share in the cost of your Long Term Disability Insurance.

Convenient Payroll Deductions Your share of the premium cost will be deducted from your paycheck, so there are no checks to write or mail delays.

Termination of Coverage *See your certificate for full details of when coverage under this plan terminates.*

Disabilities Not Covered *Some disabilities are excluded from coverage.* Benefits will not be paid for any disability that is caused or contributed to by any of the following:

- Intentional self-inflicted injury, while sane or insane;
- Active participation in a violent disorder or riot;
- Your committing or attempting to commit an assault or felony;
- A disability that arises during the first 12 months of your coverage is caused or contributed to by a preexisting condition or medical or surgical treatment of a preexisting condition.
- Loss of your professional license, occupational license, or certification.

Benefits are not payable for any period of disability when you are confined for any reason in a penal or correctional institution.

**Preexisting condition means a mental or physical condition, whether or not diagnosed or misdiagnosed, for which you have done, or for which a reasonable prudent person would have done, any of the following at any time during the 90-day period just before your insurance becomes effective: received medical treatment, services or advice; consulted a physician or other licensed medical professional; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications. This exclusion also applies if the preexisting condition was discovered or suspected as a result of any medical examination at any time during the 90-day period just before your insurance becomes effective.*

Proof of Claim Requirements
You are responsible for submitting proof of disability to The Standard. Claims should be submitted within 30 days of the date disability begins. See your certificate for full details.

Important Notice to New Mexico Residents - Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Prudential Financial

Long Term Care Insurance Highlights

Long Term Care Insurance Summary

Eligibility

Actively-at-work, full-time (working at least 30 hours per week) and part-time employees (working at least the number of hours in your normal work week for your class as set forth by Albuquerque Public Schools), their spouses, domestic partners, Registered Domestic Partners, siblings, parents, parents-in-law, grandparents, grandparents-in-law, children age 18 and older and their spouses, are eligible.

Coverage Amounts

	Nursing Home Care & Assisted Living/Residential Care Facility Daily Benefit*	Home & Community-Based Care & Assisted Living/Residential Care Facility Daily Benefit*	Lifetime Maximum**
Plan 1	$100	$60	$109,500
Plan 2	$150	$90	$164,250
Plan 3	$200	$120	$219,000

* Benefits are paid up to the Daily Benefit.
** All benefits paid will be deducted from the Lifetime Maximum except for Private Care Management.

Benefit Eligibility

Individuals must be assessed and certified by a Licensed Health Care Practitioner as having a Chronic Illness or Disability. This means that the insured is unable to perform, without substantial assistance, two out of the six activities of daily living (ADLs)—bathing, dressing, eating, toileting, transferring, or continence—for at least 90 days; or the insured has a severe cognitive impairment (loss or deterioration in intellectual capacity) that requires ongoing help or supervision. A Licensed Health Care Practitioner must then develop a Plan of Care, consistent with the certification. The Plan of Care will be used to determine benefits based on the plan option chosen.

Elimination Period	One time, 90-day period.
Periodic Inflation Protection	Every three years, Prudential will increase the benefit levels to keep up with inflation without insured having to provide proof of good health.
Marriage Discount	Rates for married persons are discounted 10%.
Restoration of Benefits	If a claimant is no longer considered to have a chronic illness or disability for a period of at least 6 consecutive months, Prudential restores the Lifetime Maximum to the level in effect prior to claim.
Cash Alternative	This feature provides you with an option to address your long-term care needs in any manner you choose. It provides a monthly fixed benefit in lieu of reimbursement for eligible charges for Home Care. The benefit is equal to 50% of the Daily Benefit for Home Care. The Cash Alternative benefit will reduce the Lifetime Maximum benefit and is subject to the Elimination Period.
Death Benefit	A portion of the premiums an insured has already paid into the plan may be returned if the insured dies. The refund of paid premium is based on the insured's age at death and is decreased by any benefits paid under the plan. There is a 100% refund through age 64, reduced by 10% each year starting at age 65.
Additional Benefits	Bed Reservation, Hospice Care, Respite Care, Home Support, Information and Referral Services, Private Care Management, International Benefit, and Alternate Plan of Care.
Optional Feature	Automatic Simple 5% Inflation Protection Option
Payment Method	Choose from convenient Electronic Funds Transfer payments, or direct billing.
Waiver of Premium	After benefit eligibility criteria are met and any applicable Elimination Period is satisfied, premiums will be waived.
Portability	If you change jobs or retire, you can take your coverage with you.
Contact (for more information, employee enrollment, or to download enrollment forms)	Visit **www.prudential.com/gltcweb** (Group Name: **albuqu** Password: **apsltc**) **OR** Call **1-888-477-8543** Mon. – Fri., 8 a.m. to 8 p.m. (ET)

THE education PLAN®

Plan for tomorrow. Save for college today.

A Great Benefit For Albuquerque Public School Employees

The Education Plan® is a qualified 529 college savings plan that offers a flexible, tax-efficient way to save for the rising cost of higher education and is available to you through Albuquerque Public Schools. The Plan is sponsored by the State of New Mexico and managed by OFI Private Investments Inc., a subsidiary of the well-respected financial services firm, OppenheimerFunds, Inc. You can use your savings at eligible colleges, universities, technical or graduate schools nationwide. The Education Plan offers many unique benefits:

- **It Pays to Live in New Mexico** In addition to federal tax benefits, residents of New Mexico also enjoy state tax benefits by saving via The Education Plan.[1]
- **Professionally Managed Investments** There is a variety of investment options designed to meet your needs, situation and risk-tolerance.
- **High Investment Maximums, Low Minimums** You can invest up to $294,000 for future qualified higher education expenses per beneficiary.[2] The plan also allows you to open an account with a low initial contribution of only $250 or just $25 if you enroll in a monthly automatic investment plan.[3]
- **Estate/Gift Tax Benefits** You can contribute up to $13,000 ($26,000 for married couples) per beneficiary or $65,000 ($130,000 for married couples) in a single five-year period without triggering gift taxes.[4]

Learn more and enroll online at www.theeducationplan.com or call a Customer Service Representative at 1.877.EdPlan8 (1.877.337.5268)

This material is provided for general and educational purposes only, and is not intended to provide legal, tax or investment advice, or for use to avoid penalties that may be imposed under U.S. federal tax laws. Contact your attorney or other advisor regarding your specific legal, investment or tax situation.

The Education Plan® is operated as a qualified tuition program offered by The Education Trust Board of New Mexico and is available to all U.S. residents. OFI Private Investments Inc., a subsidiary of OppenheimerFunds, Inc., is the program manager for The Education Plan and OppenheimerFunds Distributor, Inc. is the distributor of The Education Plan. Some states offer favorable tax treatment to their residents only if they invest in the state's own plan. Investors should consider before investing whether their or their designated beneficiary's home state offers any state tax or other benefits that are only available for investments in such state's qualified tuition program and should consult their tax advisor. These securities are neither FDIC insured nor guaranteed and may lose value.

Before investing in the Plan, investors should carefully consider the investment objectives, risks, charges and expenses associated with municipal fund securities. The Plan Description and Participation Agreement contain this and other information about the Plan, and may be obtained by visiting www.theeducationplan.com or calling 1.877.EdPlan8. Investors should read these documents carefully before investing.

The Education Plan® is distributed by OppenheimerFunds Distributor, Inc. Member FINRA, SIPC Two World Financial Center, 225 Liberty Street, New York, NY 10281-1008

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[1]You can deduct your plan contributions from your New Mexico Income. However, the total deduction cannot exceed the cost of attendance at the applicable eligible higher education institutions as determined by the Board.

[2]All assets, including earnings, under all 529 plan accounts within plans maintained by the State of New Mexico established for the benefit of a particular beneficiary must be aggregated when applying this limit. New contributions will not be allowed once this limit is reached. Earnings, however, will continue to accrue. Consult your tax advisor for information on how 529 tax treatment would apply to your particular situation.

[3]Systematic investing does not assure a profit or protect against loss in declining markets. Before investing, investors should evaluate their long-term financial ability to participate in such a plan.

[4]Account owners cannot make another tax-free gift to the same beneficiary for five years from original contribution. If the account owner dies within five years of the funding date, a prorated portion of the contribution allocable to the remaining years in the five-year period, beginning with the year after the contributor's death, will be included within his or her estate for federal estate tax purposes.

Educational Retirement Board Plan

Employees who work more than 25% of the time (.25 full-time-equivalents) are mandated by the New Mexico Educational Retirement Act to participate in the retirement plan administered by the Educational Retirement Board (ERB) in Santa Fe. Participation in the plan begins the first day of the month following date of hire. APS and the employee are required by State law to contribute to this retirement plan. The details regarding APS and employee contributions, vesting, administration, and investments are provided in the Summary Plan Description, made available through the ERB website at www.nmerb.org

For additional information regarding the balance in your ERB account and to receive retirement estimates, please contact the Educational Retirement Board at:

Educational Retirement Board • PO Box 26129 • Santa Fe, NM 87502-2129 • (505) 827-8030

or

Educational Retirement Board • 6201 Uptown Blvd. NE, St. 204 • Abq, NM 87110 • (505) 888-1560

403(b) Voluntary Retirement Savings

A 403(b) plan is a tax-deferred contribution plan permitted by a section of the Internal Revenue Code, section 403(b). This Code Section allows those employed by certain employers to participate in a tax-deferred savings plan/ tax-sheltered account (TSA). The IRS defines qualified employers to include public school systems.

All *common law employees (except student workers) willing to contribute at least $15.00/month, are immediately eligible to make contributions under the Plan through a voluntary payroll deduction.* A third party administrator manages the program for APS. To participate in the program, make changes to existing accounts, or keep your name and address current, please contact:

National Plan Administrators (NPA) • PO Box 161630 • Austin, TX 78716
(800) 880-2776 • Fax (512) 275-9397 • www.natlplan.com

403(b) Employee Handbook

The Employee Handbook is located at NPA's website **www.natlplan**.com, select "For Employees", under TSA, "Select your State/Employer", then select "403(b) Employee Handbook".

Approved Providers

Employees can open an account with an approved provider. For a current APS approved vendor list, log onto NPA's website, **www.natlplan.com**, select "For Employees", then," 403(b) Administration and Forms".

You Decide How Much to Contribute

You can contribute a minimum of $7.50 per pay period ($15/month) to a maximum allowable amount set by the IRS. The maximum allowable amount can change each year.

When You Can Enroll

All documents/changes must be received by NPA no later than the 20th day of the month to start the first day of the following month.

Why Save for Retirement?

As you plan for retirement, you need to keep many factors in mind—

- Current retirement savings
- Average life span increasing at a steady pace
- Social Security can no longer be considered the only source of income

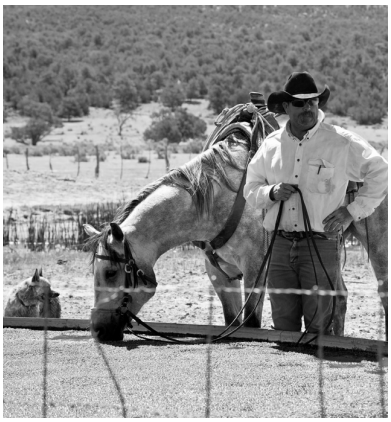
You Reduce Current Taxes by Contributing

403(b) contributions are made on a pre-tax basis. This enables you to pay lower taxes without filing extra tax forms and may even lower your tax bracket.

The State of New Mexico
Deferred Compensation Plan

Did you know...

the State of New Mexico offers **Albuquerque Public Schools Employees** a **low-cost,** deferred compensation program?



What makes the **State of New Mexico Deferred Compensation Plan** offered through **Nationwide** a smart way to save for retirement?

The ability to contribute the annual maximum to the 457 plan, even if you are contributing the maximum amount to a 403(b). (If you cannot contribute to both plans, just compare the two to determine which may be better for you.) Here are more reasons why:

- **No Withdrawal Penalty**
  Unlike 403(b) or 401(k) plans, the State's 457 plan allows participants the ability to withdraw funds upon separation from service regardless of age and without any withdrawal penalties. Withdrawals will be taxed as ordinary income.
- **Low Administration Fee**
  A $12.50 administration fee is assessed quarterly, and there are no transaction fees, and no sales loads or commissions. Underlying management fees of the funds apply.
- **Well-Known Mutual Funds**
  A variety of well-known mutual funds are available, as well as a Self-Directed Brokerage Option (SDBO) available through Charles Schwab and Company (Member SIPC).

  Please consider the funds' investment objectives, risks, and charges and expenses carefully before investing. The prospectus contains this and other important information about the investment company. Prospectuses are available by calling 866-827-NMEX (6639). Read the prospectus carefully before investing.
- **A Place for Unused Sick and Vacation Pay**
  Putting unused sick and vacation pay in a 457 Plan gives you the benefit of deferring taxes on that money and allowing it to potentially grow with the rest of your account until you take a distribution at retirement.

  Remember, investing involves risk including possible loss of principal and there is no guarantee that investment objectives will be achieved.
- **Dedicated Service**
  Our salaried, non-commissioned field retirement specialists and our call center focus solely on you as a **Albuquerque Public Schools Employee** and the New Mexico Deferred Compensation Plan, with no auxiliary products to sell.

  After all, this is about your retirement, not ours!

Nationwide®
On Your Side®

Read on for more information or call **505-362-8814** to enroll.

Retirement Specialists do not give legal or tax advice. Please consult your attorney or tax advisor for answers to specific questions.

Choose which of the Plans is right for you

The State of New Mexico Deferred Compensation Plan

Questions	State of New Mexico Deferred Compensation	403(b) Tax-Sheltered Annuity Plan
Who is eligible to participate?	Employees of state and local government, including public school employees.	Employees of educational institutions and certain nonprofit organizations.
Are contributions tax-deferred?	Yes, for federal income taxes, but not for FICA or FUTA.	Yes, for federal income taxes, but not for FICA or FUTA.
What is the maximum I may contribute?	$16,500 in calendar year 2011.	$16,500 in calendar year 2011.
May I "catch-up" in a later year?	Age 50 or older catch-up contribution: $5,500 in CY2011. Special 457 Catch-up provision available within 3 years of retirement. These two provisions may not be used in the same year.	Age 50 or older catch-up contribution: $5,500 deferral in CY2011.
May I roll over money from other retirement accounts?*	Yes—from a 457(b), 401(k), 403(b), or traditional IRA. NOTE: If you reach age 59½, but have not separated from service, you can transfer your 403(b) plan account to your 457(b) plan account.	Contact your plan provider.
May I roll over my retirement account to another type of retirement account, like an IRA? *	Yes—to a 457(b), 403(b), 401(k), or traditional IRA, upon leaving employment.	Yes—to a 457(b), 403(b), 401(k), or traditional IRA, upon leaving employment.
When may I withdraw money from my account without penalty?	1. When you separate from service, regardless of age. Withdrawals are taxed as ordinary income. 2. Age 70½, even if you continue to work. 3. If you qualify for a hardship withdrawal.	1. If you continue to work past age 59½ and the plan document allows this provision. 2. If you qualify for hardship withdrawal.
Must I elect my payout date when I leave employment?	No. Not only are your withdrawal options flexible, so is your payout date.	Contact your plan provider.
Does the plan permit a loan provision?	Yes. A $50 loan initiation fee applies.	Yes.
Are there coordination limits between plans?	No. You can contribute the maximum to each plan (assuming only one 457(b) plan).	No. You can contribute the maximum to each plan.
Are there surrender charges?	No. Nationwide does not charge a back-end sales load fee if you leave the plan.	Contact your plan provider.
Are there administrative account fees?	A $12.50 administration fee is assessed quarterly.	Contact your plan provider.
How can I access my account information?	Account access is available 24 hours a day, seven days a week at NewMexico457DC.com. Or call Linda Miller at 866-827-NMEX (6639).	Contact your plan provider.
Are there sales commissions?	No. Nationwide Retirement Solutions does not pay commissions on the sales of its products or services.	Contact your plan provider.
What are my investment options?*	Nationwide provides a diversified lineup of well-known investment options and a Fixed Account option. A Self-Directed Brokerage Option account available through Charles Schwab and Co., Member SIPC, is available, as are two bank products.	Contact your plan provider.

Visit NewMexico457DC.com or call 866-827-NMEX (6639) to request plan highlights or prospectuses. **Before investing, carefully consider the fund's investment objectives, risks and charges and expenses. The fund prospectus contains this and other important information. Read the prospectus carefully before investing.**

* Qualified retirement plans, deferred compensation plans and individual retirement accounts are all different, including fees and when you can access funds. Assets rolled over from another retirement account may be subject to surrender charges, other fees and a 10% penalty if withdrawn before age 59½.

Federal and state income tax laws are complex and subject to change. The information is based on current interpretations of the law and is not guaranteed.

Read on for more information or call **505-362-8814** to enroll.

See how a small contribution could be a big help in retirement!

The State of New Mexico Deferred Compensation Plan

1. Choose the pay reduction that is comfortable for your budget from column B in the chart below. Underline it.
2. Then, circle the amount next to it in Column A.

Congratulations, you're ready to enroll in the Plan.

Contact **Clayton Puckett** to enroll
505-362-8814
pucketc1@nationwide.com

or

download the participation agreement from **www.newmexico457dc.com**.

(A) Deferral Per Pay	(B) Actual Pay Reduction	(C) Annual Deferral	(D) Annual Pay Reduction	(E) Accumulation 20 Years	(F) Accumulation 25 Years	(G) Accumulation 30 Years
$25	$19	$650	488	$30,966	$49,468	$76,655
$50	$38	$1,300	975	$61,931	$98,937	$153,310
$75	$56	$1,950	1463	$92,897	$148,405	$229,965
$100	$75	$2,600	1950	$123,862	$197,874	$306,620
$125	$94	$3,250	2438	$154,828	$247,342	$383,275
$150	$113	$3,900	2925	$185,794	$296,810	$459,930
$175	$131	$4,550	3413	$216,759	$346,279	$536,585
$200	$150	$5,200	3900	$247,725	$395,747	$613,240
$225	$169	$5,850	4388	$278,691	$445,215	$689,895
$250	$188	$6,500	4875	$309,656	$494,684	$766,550
$275	$206	$7,150	5363	$340,622	$544,152	$843,205
$300	$225	$7,800	5850	$371,587	$593,621	$919,860
$325	$244	$8,450	6338	$402,553	$643,089	$996,515
$350	$263	$9,100	6825	$433,519	$692,557	$1,073,170
$375	$281	$9,750	7313	$464,484	$742,026	$1,149,825
$400	$300	$10,400	7800	$495,450	$791,494	$1,226,480
$425	$319	$11,050	8288	$526,415	$840,962	$1,303,135
$450	$338	$11,700	8775	$557,381	$890,431	$1,379,790
$475	$356	$12,350	9263	$588,347	$939,899	$1,456,445

This table shows the cumulative value of 26 bi-weekly deferral amounts over 20, 25, and 30 years, assuming a compound annual rate of 8%, a 25% federal tax rate and an annual salary of $38,000. Actual investment returns will vary from year to year, and the value of an investor's account after the specified periods of years shown in the table may be less or more than the amounts shown. This illustration is hypothetical and is not intended to serve as a projection of the investment results of any specific investment. If fees and expenses were reflected, the returns would have been less.

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NRM-8832NM-NM (09/11)

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505-888-8920 or 800-356-3178

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SERVICE IN SPANISH
Spanish-speaking employees are ready to assist you by phone at 855-5999 and in any of our branch offices.

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Please send all correspondence to your Credit Union — including letters to specific branch offices – to:

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2801 Juan Tabo NE, south of Candelaria
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3205 Coors NW (Ladera Center)
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7517 Montgomery NE, west of Pennsylvania
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NORTH VALLEY -*Drive-up available*
6125 Fourth Street NW, at Guadalupe
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PASEO DEL NORTE - *Drive-up available*
8321 Palomas NE (southwest corner of Paseo and Barstow)
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SOUTH VALLEY – *Drive-up available*
3600 Coors SW, south of Rio Bravo
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UNM CAMPUS
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108 N. California
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630 Paseo del Pueblo Sur
Mon. - Thur. 9 a.m. - 5 p.m.,
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Employee Assistance Program (EAP)

A no cost benefit to APS Employees

The Employee Assistance Program (EAP) is an employee benefit of the Albuquerque Public Schools. It provides a confidential setting in which employees can discuss problems as well as receive help in finding community resources to meet their needs. The primary goals of this APS program are:

- To help employees remain productive on the job;
- To assist employees in finding resources to resolve their physical, mental health, substance abuse, personal and/or family issues that may interfere with job performance.

The EAP offers assistance to APS employees in times of stress. Employees use EAP services for different reasons: some are having marriage or family problems; some are struggling with job pressures, interpersonal conflicts, depression, or anxiety; some are dealing with a serious illness or some type of loss. Whatever the reason or problem, APS employees can feel they will receive confidential, caring, competent, counseling support through the EAP. Services include up to 6-8 sessions with a counselor. The EAP staff specializes in helping individuals/groups through:

- Problem assessments
- Short-term counseling
- Referral services
- Mediation of workplace conflict
- Crisis intervention
- Monitoring of medical/substance abuse treatment
- Consultation
- Grief and loss
- Alcohol and substance abuse
- Team building

The services provided directly by the EAP counselors are FREE to all Employees. Fees and expenses incurred as a result of community referrals are the responsibility of the employee.

Your Voluntary contact with EAP is confidential. The intent of the EAP is to provide professional counseling services and referrals for those employees who choose to seek help or assistance.

For assistance, contact the EAP at 884-9738 to schedule an appointment. Your contact with the program is confidential. Our hours are 8:00 a.m. to 6:00 p.m. Monday-Thursday, and 8:00 a.m. to 4:00 p.m. on Fridays. We are located in the APS Services Center (City Centre) 6400 Uptown Blvd., NE, Suite 480W (one block west of Louisiana on the southwest corner of America's Parkway and Uptown blvd).

Employee Benefits *Handbook*

Employee Benefits
6400 Uptown Blvd. NE, Suite 115E
PO Box 25704
Albuquerque, NM 87125-0704

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