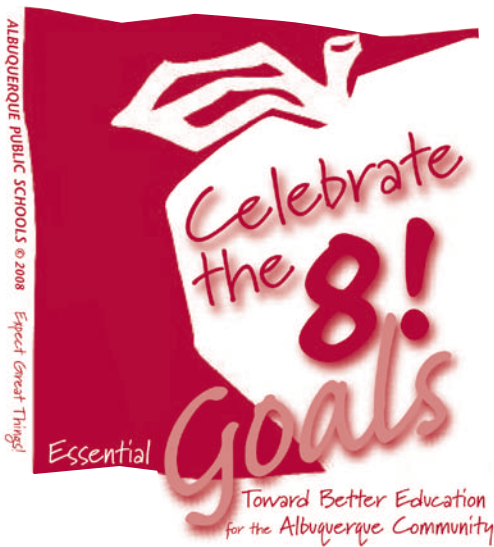




ALBUQUERQUE PUBLIC SCHOOLS

EMPLOYEE BENEFITS HANDBOOK





GOAL 1: Develop and implement a 3-year academic plan.

GOAL 2: Develop and implement a plan to change the perception and build confidence of Albuquerque Public Schools.

GOAL 3: Develop and implement a comprehensive internal and external communication plan with an evaluation component that involves the community.

GOAL 4: Provide facilitated training by nationally known experts for the Board of Education to focus on the role and responsibilities of effective school boards and superintendents. The training will assist and focus the Board of Education and district staff on raising student achievement and creating a more “student focused” organization.

GOAL 5: Review, evaluate, enhance and publicize plans to upgrade and maintain facilities to support and enhance student achievement.

GOAL 6: Review, modify and maintain a transparent, sound and effective financial stewardship with clearly defined, consistent and well documented processes throughout the district.

GOAL 7: Study, modify and recommend a plan to transition APS from a site-based management to district-based management for equitable distribution of resources.

GOAL 8: Review, evaluate, modify and enhance the school and district crisis plans, to include safety and prevention plans.



ALBUQUERQUE PUBLIC SCHOOLS

HUMAN RESOURCES DEPARTMENT-EMPLOYEE BENEFITS

6400 Uptown Boulevard NE, Suite 115 E, Albuquerque, NM 87120
P.O. Box 25704, Albuquerque, NM 87125

Andrea L. Trybus
Executive Director
Human Resources

Winston Brooks
Superintendent

January 2011

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 2011 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 Plan.

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. It is important that we use our health care system when needed.

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 School Insurance Authority. The volume purchase of our combined strengths enables APS to have 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: <http://ww2.aps.edu/> - Select Departments, then select "Employee Benefits."



AN EQUAL OPPORTUNITY EMPLOYER

WHERE to CALL or WRITE

MEDICAL

Lovelace



1-800-844-7033
Albuq: 505-727-5700



4101 Indian School Rd. NE, Albuquerque, NM 87110
www.lovelacehealthplan.com

Presbyterian Health Plan

1-888-ASK-PRES
(1-888-275-7737)
Albuq.: 923-5600

2501 Buena Vista SE, PO Box 27489
Albuquerque, NM 87125-7489
www.phs.org

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
Albuquerque, 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, Albuquerque, NM 87120
www.aps.edu

LIFE INSURANCE/LONG TERM DISABILITY

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) (www.nmerb.org)

SF: 505-827-8030, ABQ: 505-888-1560

403(b) Voluntary Retirement Savings Plan (www.natlplan.com)

1-800-880-2776

457(b) Deferred Compensation Plan (www.newmexico457dc.com)

1-866-827-NMEX (6639)

The Education Plan – A 529 College Savings Plan

1-877-EdPlan8 (1-877-337-5268)



PO Box 26129, Santa Fe, NM 87502
PO Box 161630, Austin, TX 78716
1850 Old Pecos Trail, St.E, SF, NM 87505
www.theeducationplan.com

EMPLOYEE ASSISTANCE PROGRAM (EAP)



505-884-9738



6400 Uptown Blvd., Suite 480W, Albuquerque, NM 87110
www.aps.edu

CREDIT UNION

New Mexico Educators Federal Credit Union



Albuq: 505-889-7755



www.nmefcu.org

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Albuquerque
Public Schools



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-sponsored 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 \$5,000. 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. (Pre-existing conditions limitation does not apply to pregnancy, newborns, newly adopted children, and children under age 19 in compliance with the Patient Protection and Affordable Care Act). 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 all medical plans but 18-month pre-existing condition exclusions will apply.** (Pre-existing conditions limitation does not apply to pregnancy, newborns, newly adopted children, and children under age 19 in compliance with the Patient Protection and Affordable Care Act). This 18-month pre-existing condition exclusion period if applicable, 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 26**—Complete Enrollment/Change Form. 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 in 2011**)
- ✓ 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



6 REASONS TO CHOOSE LOVELACE:

- Low cost premiums
- No cost preventive services
- Wellness programs to accommodate your personal needs
- Emergency and urgent care coverage when traveling outside of New Mexico and the country
- Access to a network of more than 7,500 health care providers
- National network of providers available when traveling outside of New Mexico or if you have dependants living out of state

a plan to fit
your *budget.*

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.
- Complimentary seminars on Cardiac Care to Mindfulness Stress Reduction
- Complimentary yoga classes for Lovelace members



CUSTOMER CARE

For more information, please call

727.5700

or **800.844.7033**

se habla español
or email us at:

apscustomer care@lovelace.com

LOVELACEHEALTHPLAN.COM

Lovelace
Insurance Company

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

HEALTHY TRAILS

Help your kids grow up strong and healthy - 877.480.9368

HEALTHY ROADS

Experience the rewards of healthy living - 877.480.9368

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

ONLINE EDUCATIONAL TOOLS

Tools to support and promote overall wellness - 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

HEALTHY STEPS COACHING

Support about various treatment options and disease management services - 800.390.9159

BEHAVIORAL HEALTH OUTREACH & EDUCATION

Community education programs for mental issues - 888.684.0461 ext. 21765

LIFE POINTS

Web-based incentive can be easily tailored to capture participation in desired health and wellness activities - visit lovelacehealthplan.com

CHOOSE HEALTHY PROGRAM

Members have access to a wide variety of complementary health care and health improvement services.

HEALTHY STEPS PERSONAL HEALTH ASSESSMENT

Assess your current health status - visit lovelacehealthplan.com

Benefits effective January 1, 2011

love|ace

ALBUQUERQUE PUBLIC SCHOOLS
MEDICAL PLANS SUMMARY OF BENEFITS - 2011

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 charge 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%
	Advanced Radiological Imaging (i.e. MRI/PET Scans/CT Scans)	\$50 co-pay per test	30%	20%	40%
	Mammograms	No co-pay	30%; deductible waived	20%; deductible waived	40%
Outpatient Diagnostic Testing	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	\$35 co-pay per visit	30%	20%	40%
	Pulmonary Rehabilitation – 24 sessions per calendar year combined In-Network and Out-of-Network maximum				
	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 days per condition per calendar year)		(maximum 50 days 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	\$750 co-pay per admission	30%	20%	40%
	Out-patient	\$100 co-pay			
	Smoking cessation	50%	50%	20%	40%

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.



ACCESS TO A NETWORK OF MORE THAN 7,500 PROVIDERS

As a Lovelace Health Plan member, you will have access to more than 7,500 providers including all ABQ Health Partners physicians and many, many more. For a complete listing of providers, visit lovelacehealthplan.com.



NATIONAL ACCREDITATION

The Lovelace Women's Hospital Breast Care Center is accredited by NAPBC for providing the highest level of quality breast care to its patients.



NATIONAL ACCREDITATION PROGRAM FOR BREAST CENTERS



lovelace medical center

State-of-the-art technology.
State-of-the-heart care.

CARDIAC CARE CENTER

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

24/7 EMERGENCY CARE

- Board-certified ED physicians
- Fast-track unit for minor care needs

GAMMA KNIFE

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



lovelace women's hospital

Only hospital in New Mexico
dedicated to women's health.

FAMILY BIRTHING CENTER

- Prenatal classes
- Labor and Delivery Unit
- Level III Neonatal Intensive Care Unit

BREAST CARE CENTER

- High Risk Breast Cancer Program
- Rapid Results Assessment for same-day mammogram results
- Multi-disciplinary team of breast care specialists
- Breast care navigator to guide patients through treatment

24/7 EMERGENCY CARE



lovelace westside hospital

Loving care close to home.

BIRTHING CENTER

- Lovelace Women's Hospital Birthing Center is coming to Lovelace Westside Hospital in early 2011.

SURGICAL SERVICES

RADIOLOGY SERVICES

24/7 EMERGENCY CARE

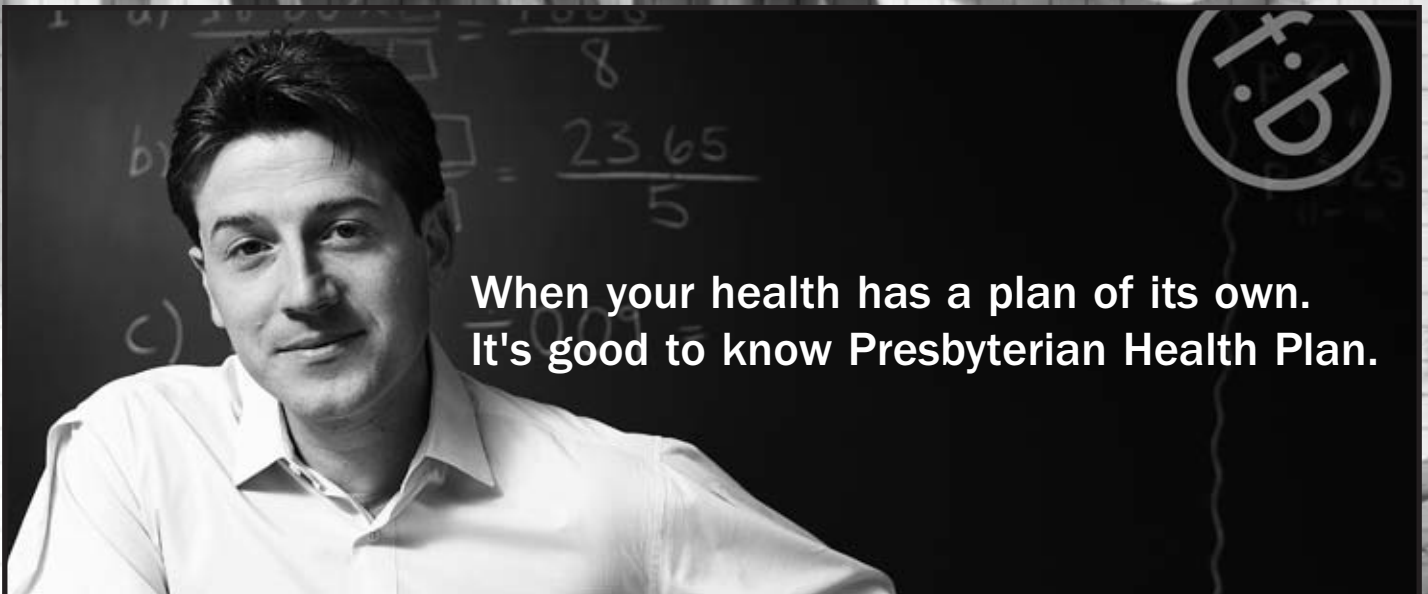
coverage
wherever you go!



MULTIPLAN DELIVERS NETWORK ACCESS UNDER THE PHCS NETWORK

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

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



**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.

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

Presbyterian Health Plan www.phs.org

PRESBYTERIAN



Feel better. Stay healthy. Live well.

Providing health care to New Mexico for over a century, Presbyterian is uniquely woven into the fabric of this state. Being community owned, we are dedicated to improving the health of individuals, families and communities and will be here when you need us. 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 Health Plan

PRESBYTERIAN



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 and Vision Service Plan (VSP) 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.

WebMD Health Manager¹

This online personal health management site, powered by one of the most trusted sources of medical information, features a powerful Health Risk Assessment (HRA) tool that helps members identify personal health risks, provides recommendations for improving those risks, and offers other easy-to-use tools to help make healthy lifestyle changes. The site also includes a Health Record tool that allows members to securely compile and store immunization records, medical history, allergies, and more to create a health record summary for their physicians.

Getting Better

Complex Case Management

Our nurse case managers 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.

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.

Inpatient Support

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

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 ²

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 ²

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 1-866-593-7431, 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 ²

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:

- Health Risk Assessment (HRA)
- Employer-specific clinical reports
- Onsite screenings
- Customized health fairs
- Educational materials

¹ Available to members enrolled in a fully insured Employer Group plan, Individual plan (excluding the Individual Care plan), and certain ASO plans.


² Standard benefit for fully insured employer groups only; optional for self-insured employer groups for an additional fee.

APS Open Access Plan High and Low Option Comparison

 PRESBYTERIAN		In-Network Care	Out-of-Network⁴	In-Network Care	Out-of-Network⁴
	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.)	<ul style="list-style-type: none"> • 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 Adult Wellness and Related Testing (including routine Pap tests, cholesterol tests, urinalysis, Mammogram, Colonoscopy etc.,) and Immunizations Family Planning Birth Control injections, Insertion/removal of birth control devices Surgical sterilization in office	No Copay No Copay Included in office visit copay	30% ⁵ 30% ⁵ 30%	Plan pays 100% Plan pays 100% up to maximum of \$250. After \$250, deductible and 20% Coinsurance apply 20%	40% (deductible waived for certain test) 40% (deductible waived for certain test) 40%


Presbyterian Customer Service Center – 505-923-5600 or toll free 1-888-275-7737

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	\$50 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	\$120 Copay ⁶		20%	
	Emergency room – Physician charges				
Ambulance	Ambulance – Emergency	No Copay	30%	20%	40%
	Air Transport	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
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%	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	No Copay	No Copay	No Copay
		The plan pays 100% of the allowed amount up to a maximum of \$2,200 every 36 months “per hearing impaired ear”			
	Home health care ¹	No Copay	30%	20%	40%
	Hospice ¹ Bereavement counseling <i>(limited to 3 sessions during the Hospice benefit period)</i> Respite care <i>(limited to 5 continuous days for each 60 days of Hospice care. No more than two respite stays allowed)</i>	No Copay	30%	20%	40%

Presbyterian Customer Service Center – 505-923-5600 or toll free 1-888-275-7737

APS Open Access Plan High and Low Option Comparison

 PRESBYTERIAN		In-Network Care		Out-of-Network⁴	
Other Services (Continued)	Infertility related services	Copay based on service	30%	20% (Diagnostic only)	40% (Diagnostic only)
Trans-plants	Physical, Occupational and Speech Therapy ^{1,3}	\$35 copay per visit <i>(combined maximum of 60 visits per condition per Calendar Year)</i>	30%	20%	40%
	Skilled Nursing Facility ^{1,3}	\$750 Admission Copay <i>(max. 60 days per Calendar Year)</i> <i>Admission copay waived if admitted within 72 hours</i>	30%	20%	40% ²
	Smoking cessation	50%	50%	20%	40%
	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
Prescription 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

Presbyterian Customer Service Center – 505-923-5600 or toll free 1-888-275-7737



THE ALBUQUERQUE PUBLIC SCHOOLS PRESENTS
YOUR PRESCRIPTION-DRUG PROGRAM
ADMINISTERED THROUGH MEDCO
Effective Date of Coverage – January 1, 2011

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
Generic	Percent 20%	Min. \$8	Max. \$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		\$75 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.



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

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 a medication you are taking is not on the formulary, you may want to discuss alternatives with your doctor or pharmacist. Using medications on the formulary will keep your costs and APS's costs lower.

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 | • Influenza | • Gardasil® | • Hepatitis A |
| • Hepatitis B | • MMR | • Meningococcal | • Pneumonia |
| • Tetanus/Diphtheria | • Varicella | • Zostavax® | |

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



Albuquerque Public Schools

UNITED CONCORDIA
Insuring America's Dental Health

Experience the Dental Difference with United Concordia

With more than 35 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 7.3 million Americans worldwide.

With dental benefits administered through United Concordia, all members can:

- Access United Concordia's national Advantage *Plus* network of dentists, with more than 83,500 dentist locations nationwide and more than 670 dentist locations 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 dedicated customer service representative or find out 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, maximize your benefits by visiting a United Concordia 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 providers agree to file claims, so it's one less thing to worry about.
- **Provides peace of mind**—All network providers 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 a non-network provider ...

- 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 non-network provider'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!

UNITED CONCORDIA

Insuring America's Dental Health

Concordia Preferred Basic Plan

Albuquerque Public Schools

Benefit Category	In-Network		Out-of-Network	
Diagnostic and Preventive Services	Plan Pays*	You Pay*	Plan Pays	You Pay
Routine Oral Exams**	100%	0% (No deductible)	25% of allowed amount	75% of allowed amount + any charges in excess of the allowed amount (Deductible applies)
Cleanings**				
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				
Contract Year Deductible	\$50 (\$150 per family)			
Contract Year Maximum*** (per person)	\$1,250			
Lifetime Orthodontic Maximum	N/A			

*In-network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.

**Two cleanings and routine oral exams are covered per 12 months.

***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.

UNITED CONCORDIA

Insuring America's Dental Health

Concordia Preferred Comprehensive Plan

Albuquerque Public Schools

Benefit Category	In-Network		Out-of-Network	
Diagnostic and Preventive Services	Plan Pays*	You Pay*	Plan Pays	You Pay
Routine Oral Exams**	100%	0% (No deductible)	100% of allowed amount	0% of allowed amount + any charges in excess of the allowed amount (No deductible)
Cleanings**				
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)	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 Maximum*** (per person)	\$1,500			
Calendar Year Deductible (per person)	\$50 (\$150 per family)			
Lifetime Orthodontic Maximum*** (per person)	\$1,500		\$1,000	

*In-network providers agree to accept United Concordia's maximum allowable charge as payment-in-full.

**Two cleanings and routine oral exams are covered in a 12-month period.

***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.



Frequently Asked Questions

Q. How do I find out if my dentist participates with United Concordia?

- A. You can access provider directory information online at www.unitedconcordia.com 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, collect only the applicable coinsurance from the member and cannot bill members for any amount over the maximum allowable charge.

Q. Do I have to complete a claim form for each dental visit?

- A. If you receive care from a United Concordia network dentist, you do not need to worry about claim forms—your dentist will take care of all the paperwork. If, however, you receive care from an out-of-network dentist, you may have to complete and submit your own claims. You can receive a claim form by going online at the Members section of www.unitedconcordia.com, calling Customer Service or contacting your Benefit's 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 utilize an out-of-network dentists, 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 that 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 and above 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.



Vision Care Plan Benefit Summary

Services	In-Network		Out-of-Network	
	Plan Pays	You Pay	Plan Pays	You Pay
Eye Examinations <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • Every 12 months. 	Covered after copayment	\$15.00 for spectacle lenses and/or frames	<ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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) <ul style="list-style-type: none"> • 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). <p>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.</p> <p>* Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.</p>	Covered after copayment	\$0.00 for standard, soft, daily-wear contact lenses or disposable* planned replacement contact lenses	<ul style="list-style-type: none"> • 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 9/12/08

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:



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.



The StandardSM
Positively different.

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 \$5,000.

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.



TheStandard™
Positively different.

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**. The Additional Life options are called Plan 2 and Plan 3. You and APS share the cost of Plan 2 coverage. You pay the full amount of premiums for Plan 3. See your certificate for full plan details.

Eligibility to Participate:	To be eligible for Plan 2, you must be an active, full-time employee regularly working at least 30 hours per week at APS. You must be insured under Plan 2 to be eligible for Plan 3.
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 12 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 details.

Plan 2 Additional Life Coverage Amounts are based on Annual Earnings as follows:

<u>Annual Earnings</u>	<u>Active Benefit</u>	<u>Retiree Benefit</u>
Less than \$5,000	\$10,000	\$4,000
\$5,000 and less than \$6,000	\$16,000	\$5,000
\$6,000 and less than \$7,000	\$25,000	\$7,500
\$7,000 and less than \$8,000	\$31,000	\$10,000
\$8,000 and less than \$9,000	\$40,000	\$12,500
\$9,000 and less than \$10,000	\$48,000	\$15,000
\$10,000 and less than \$11,000	\$56,000	\$17,500
\$11,000 and less than \$12,000	\$63,000	\$20,000
\$12,000 and less than \$14,000	\$69,000	\$22,500
\$14,000 and less than \$16,000	\$75,000	\$25,000
\$16,000 and over	\$81,000	\$25,000

Plan 3 Additional Life coverage may be purchased in increments of \$10,000, from \$10,000 to \$300,000.

Additional Benefits Include: Accelerated Benefit; Beneficiary Financial Counseling Services



TheStandard™
Positively different.

Family – Dependents Life Insurance

APS offers you the opportunity to enroll your dependents in a group Dependents Life Insurance plan through **Standard Insurance Company**. The Dependents 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 Plan 2 Additional Life. You must be insured for Plan 3 Additional Life to purchase coverage under Dependents Life Plan 2. Insured children are covered from birth through age 24. See certificate for full details.

Guaranteed Coverage

For Plan 1, if you enroll your dependents 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 or child(ren) if you apply more than 60 days after the date you become eligible.

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 \$300,000.

You may apply for one of the following coverage amounts for your child(ren): \$1,000, \$5,000 or \$10,000.

Employee - Additional AD&D

Equivalent amounts of Plan 2 and Plan 3 Additional Accidental Death & Dismemberment coverage are automatically included when you elect Plan 2 or Plan 3 Additional Life Insurance.



TheStandard™
Positively different.

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: 40%, 50% or 60% of your predisability earnings.
The maximum monthly benefit: \$5,000 before reduction by deductible income.
The minimum monthly benefit: \$100

Benefits may be reduced by 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:

- 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.



The Standard
Positively different.

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's no checks to write or mail delays.

Termination of Coverage See your certificate for 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:

- intentionally 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;
- war, declared or undeclared, or any act of war;
- a disability that arises during the first 12 months of your coverage and is caused or contributed to by a preexisting condition or medical or surgical treatment of a preexisting condition.*

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 reasonably 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 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.



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 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)

(for more information,
employee enrollment,
or to download enrollment forms)



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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¹You 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.

²All 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.

³Systematic 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.

⁴Account 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.

STATE OF NEW MEXICO DEFERRED COMPENSATION PLAN 457(B) DEFERRED COMPENSATION PLAN



YOUR PLAN HIGHLIGHTS: FIND THE ANSWERS ABOUT YOUR PLAN

Your Deferred Compensation Plan (Plan) highlights are designed to answer questions you may have about your plan. Simply scan the questions listed under the general categories and look across for the answers.

CONTRIBUTIONS

<i>What's the minimum I need to contribute to be in the plan?</i>	\$10 per pay period (a total of \$260.00 per year)
<i>What's the maximum I can contribute?</i>	Unless you qualify for one of the "catch-up" provisions discussed below, the maximum that you can contribute to the Plan is 100% of your includible compensation or the applicable dollar amount for the year found in Internal Revenue Code Section 457(e)(15), whichever is less. The maximum applicable dollar amount for 2010 is \$16,500.
<i>If I'm participating in another 457(b) plan, what's the maximum I can contribute then?</i>	If you are a member of another plan governed by Section 457(b) of the Internal Revenue Code, your total maximum deferrals to all Section 457 plans combined, not including catch-up deferrals, may not exceed \$16,500 in 2010.
<i>What if I'm currently in a 401(k) and/or 403(b) plan? What's the maximum contribution limit for me?</i>	If you are currently participating in another elective deferral plan that is not a 457(b) plan, such as a 401(k) plan or 403(b) plan, the maximum deferrals to your 457(b) plan are not affected by the deferral limits for those other non-457(b) plans.
<i>If I'm close to retirement, is there a way to contribute more?</i>	If you are within three years of the year in which you will attain Normal Retirement Age under the Plan, and are making the maximum contribution to your plan, you may be eligible for a catch-up contribution through the Special 457 Catch-up provision. If you have not contributed the maximum in the past, you may be able to increase your deferral amount to up to two times the maximum contribution limit. For example, in 2010 you may be able to contribute as much as \$33,000. Important: Special 457 Catch-up cannot be used in the same year as Age 50 Catch-up.
<i>If I'm not so close to retirement, can I still contribute more?</i>	If you are 50 years or older, you may use the Age 50 Catch-up provision. With the Age 50 Catch-up provision you can contribute an additional \$5,000 in 2010 over the normal deferral limit. Important: Age 50 Catch-up cannot be used in the same year as the Special 457 Catch-up.
<i>Can I roll over my balance from another plan into this one?</i>	Qualified retirement plans, deferred compensation plans and individual plan retirement accounts are all different, including fees and when you can access funds. Assets rolled over from your account(s) may be subject to surrender charges, other fees and/or a 10% tax penalty if withdrawn before age 59½. Neither Nationwide nor any of its representatives give legal or tax advice. Please contact your legal or tax advisor for such advice.
<i>Can I ever stop my payroll deferrals?</i>	You may stop your payroll deferrals to your Plan account at any time.
<i>How often can I change my payroll deferral amount?</i>	You can increase or decrease your payroll deferral amount at any time, unless your employer has restrictions on changes. Simply fill out and return a deferral increase/decrease request form, available from your Retirement Specialist.
<i>Are there any fees I need to be aware of?</i>	The quarterly administrative fee per account is taken directly from your account(s) at the quarterly rate featured on the www.newmexico457dc.com homepage, or on page 8 of participant statements.
<i>What if I want to change the funds?</i>	You may make changes to your fund selections at anytime, subject to the rules and procedures adopted by the investment providers, your employer, and/or their designated agents. For more information, please contact us toll free at 866-827-NMEX (6639). You can obtain a prospectus(es) from the Fund Performance section of our Web site www.newmexico457dc.com or by calling toll free 866-827-NMEX (6639).
<i>What if I want to invest in mutual funds outside the core investment options?</i>	If you prefer to invest in certain mutual funds that are not offered as core investment options under the Plan, you may open a limited self-directed brokerage account through your Plan account. This service is provided by Nationwide through Charles Schwab & Co., Inc. (Member SIPC). Fees for this optional service are \$50 for initial set up, and an annual \$50 administrative fee. Although there are over 2400 no load and no transaction fee funds available, trading and transaction fees may apply within the self-directed brokerage account. Before investing, carefully read the prospectus for each mutual fund. For more detailed information about the Self-Directed Brokerage account, call toll-free 866-827-NMEX (6639).

DISTRIBUTIONS

Can I withdraw my funds before I retire?

Because your funds receive the benefit of tax-deferred status, there are limits to when you can withdraw them.

If you are still employed, you can withdraw money from the Plan:

- If you experience an unforeseeable emergency as defined by Internal Revenue Service (IRS) guidelines.
- If your account balance is \$5,000 or less, and you have not deferred into the program for at least two years, and you have not made prior withdrawals of this type.
- If you have reached age 70½ and are not deferring.
- If you are entitled to a loan from your account.

As a plan participant in the State of New Mexico Deferred Compensation Plan, you may be eligible to take a loan from your Plan account. You will be obligated to repay the loan plus interest to your Plan account in monthly installments within a specified period of time. Before considering a loan, you should carefully examine all of your options and/or consult with a financial planner or tax advisor. A brochure detailing features of the Plan's loan program is available by contacting toll free 866-827-NMEX (6639) or visiting our Web site www.newmexico457dc.com.

Amounts rolled into the Plan from another eligible retirement plan that are maintained in a separate rollover account may be distributed at any time upon request. You may be subject to early withdrawal penalties.

What happens when I leave my job?

If you experience severance from employment, or your employment ends because of retirement or permanent disability, there are many options available to you. Specific retirement information is presented in this brochure. You can also call a local Nationwide Retirement Specialist toll free at **866-827-NMEX (6639)** for more information.

Are there any penalties when I withdraw my money?

There are no early withdrawal penalties in a standard 457 account. However, if you take distributions before age 59½ from a rollover account that contains amounts that originated from a qualified plan such as a 401(k), a 403(b), or an IRA, you may be subject to early withdrawal penalties.

Will I have to pay taxes on the funds I withdraw?

When you withdraw your funds or start to receive distributions, they are considered taxable income. This means you will have to pay taxes and need to complete federal and state income tax withholding forms for the year the withdrawal/distributions are made.

When I'm close to retirement or leave my job, what do I do with my account?

If you have a severance from employment, contact your Retirement Specialist to discuss the options available to you. These options include:

- Leaving your money where it is
- Making a partial lump sum withdrawal
- Annuity payout options
- Taking it in a lump sum
- Making systematic withdrawals
- Rolling your money over to another plan or into an IRA

Do I have to withdraw my money right away when I retire?

If you are not ready to take any portion of your account when you retire, you can leave it invested and delay your benefit payment. You must begin taking a Required Minimum Distribution, as defined by the Internal Revenue Service, no later than April 1st of the year following the year you turn 70½, or sever from employment, whichever is later.

How soon do I need to notify someone so my distributions can start?

If you are planning to stop working, contact a Nationwide Retirement Specialist as soon as possible to receive assistance in planning your distributions.

How often can I expect to receive my distributions?

You select your own payment schedule. You can choose monthly, quarterly, semi-annual, or annual payments.

Can I change how often I receive my systematic withdrawals?

If you decide you want to change the frequency of your payments, simply fill out a new Payout Request Form with your preferred payment schedule.

How do I receive my distribution?

You can either receive it as a direct deposit into a savings or checking account, or through the mail. If you choose direct deposit you will receive your initial payments through the mail until your account is set up and your bank account information is confirmed.

REVIEW YOUR INVESTMENT OPTIONS.

LIFECYCLE PORTFOLIOS

The Lifecycle Portfolios are comprised of underlying investment strategies available in the Deferred Compensation Plan on a stand-alone basis. The portfolios themselves are not registered investment options. The Lifecycle Portfolios are administered by Nationwide Retirement Solutions according to direction provided by the Board of the Public Employees Retirement Association of New Mexico, based on advice from Mercer Investment Consulting, Inc. The information contained herein about the lifecycle portfolios has been provided by Mercer Investment Consulting or the representative investment managers.

The Lifecycle Portfolios, also known as target date funds, are asset allocation funds that are based on a targeted date as to when an investor plans to begin to withdraw money. These funds use a strategy that reallocates equity exposure to a higher percentage of fixed investments over time. As a result, the funds become more conservative over time as you approach retirement. It's important to remember that no strategy can assure a profit or prevent a loss in a declining market. The principal value of the fund(s) is not guaranteed at any time, including at the target date.

%	Fund Name	Ticker
	LifeCycle Conservative Portfolio	N/A
	LifeCycle 2015 Portfolio	N/A
	LifeCycle 2025 Portfolio	N/A
	LifeCycle 2035 Portfolio	N/A
	LifeCycle 2045 Portfolio	N/A
	LifeCycle 2055 Portfolio	N/A

INTERNATIONAL FUNDS

Typically invest in the stock of non-U.S. companies. International investing involves additional risks, including currency fluctuations, political instability, differences in accounting standards and foreign regulations.

%	Fund Name	Ticker
	Aberdeen Emerging Markets Equity Fund	ABEMX
	American Funds-EuroPacific Growth Fund (Class R6) ¹	RERGX
	Fidelity Diversified International Fund ²	FDIVX

SMALL-CAP FUNDS

Typically invest in the stock of small U.S. companies whose market capitalization is less than \$1 billion. Small company funds involve increased risk and volatility.

%	Fund Name	Ticker
	Lord Abbett Small Cap Blend Fund (Class I)	LSBYX
	Fidelity Low Price Stock Fund	FLPSX

MID-CAP FUNDS

Typically invest in the stock of mid-sized U.S. companies whose market capitalization is valued at \$1–\$5 billion. Mid-cap stock funds are subject to market risk. They are generally perceived to be riskier than large-cap stock funds, but less so than small-cap funds.

%	Fund Name	Ticker
	Principal Mid Cap Blend Fund (Instl)	PCBIX
	T. Rowe Price Mid-Cap Growth Fund (Adv Class)	PMEGX

LARGE-CAP FUNDS

Typically invest in the stock of large U.S. companies whose market capitalization is valued over \$5 billion. Large-cap stock funds are subject to market risk. They are generally perceived to carry less risk than mid and small-cap funds.

%	Fund Name	Ticker
	Fidelity Contrafund	FCNTX
	Vanguard Institutional Index Fund	VINIX
	American Funds - The Growth Fund of America (Class R6) ¹	RGAGX
	Victory Inst'l Funds, Inst'l Diversified Stock Fund	VIDSX
	Dodge and Cox Stock Fund ²	DODGX
	Calvert Social Investment Fund Equity Portfolio (Class I) ³	CEYIX

STABLE VALUE FUNDS

Because the value of securities held by stable value funds will fluctuate, there is the risk that an investor will lose money investing in a stable value fund.

%	Fund Name	Ticker
	NM Stable Value Fund ⁴	N/A

BALANCED FUNDS

%	Fund Name	Ticker
	Oakmark Equity Income Fund (Instl)	OAKBX

BOND FUNDS

Typically invest in bonds from corporations and government entities. Bond funds have the same interest rate, inflation and credit risks that are associated with the underlying bonds owned by the fund. High-yield bond securities are typically subject to greater risk and price volatility than funds which invest in higher rated debt securities.

%	Fund Name	Ticker
	Blackrock Inflation Protected Bond Fund	BPLBX
	Vanguard Total Bond Market Index Fund (Institutional Shares)	VBPIX

Information provided by Retirement Specialists is for educational purposes only and is not intended as investment advice.

Neither Nationwide nor its representatives give tax or legal advice. Please consult with a tax or legal advisor for such advice.

Fund prospectuses can be obtained by calling toll free 866-827-NMEX (6639) or at www.newmexico457dc.com. 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 prospectuses carefully before investing. Some mutual funds may impose a short-term trade fee. For more information, please refer to the trading policy at www.newmexico457dc.com.

A ticker symbol listed as "N/A" indicates the investment option is not a publicly traded mutual fund. To find pricing or performance related information specific to your account visit the Investment Info tab on your plan's website at www.newmexico457dc.com.

While ticker symbols for the underlying mutual funds are provided it is important to note that the data reported will not necessarily match performance reported by third party sources. The performance presented reflects the impact of fees and costs associated with the platform by which these funds are made available to you.

- American Funds has adopted a policy to limit excessive trading and to deter activity that could involve actual or potential harm to fund shareholders. Effective in 2006, at American Funds' request, Nationwide and the State of New Mexico Deferred Compensation Plan implemented the American Funds Purchase Block as follows: In situations where an exchange with a value equal to or greater than \$5,000 is made out of an individual American Fund, an exchange back into that same fund will be blocked for a period of 30 calendar days from the date of the exchange out. The three options in the New Mexico Plan affected by this policy are: The Growth Fund of America, EuroPacific Growth Fund and The Income Fund of America. The policy does not include exchanges into and out of the money market fund.
- Effective January 31, 2009, at the request of Dodge & Cox, Nationwide and the State of New Mexico Deferred Compensation Plan implemented the following purchase block on the Dodge & Cox funds available through the plan: Where an exchange equal to or greater than \$5,000 is made from a Dodge & Cox fund, an exchange of any amount back into that same fund will be blocked for 45 calendar days from the date of redemption. The policy is explained in the fund prospectus which is available on www.newmexico457dc.com.
- The fund managers of this fund in the State of New Mexico Deferred Compensation Plan have instituted short-term trade (redemption) fees for the following:

	Percentage of trade amount	Ticker	Time	Basis
Calvert Social Investment Fund Equity Portfolio (Class I)	2%	CEYIX	30 Days	FIFO
Fidelity Diversified Int'l Stock Fund	1%	FDIVX	30 Days	FIFO
Fidelity Low-Price Stock Fund	1.5%	FLPSX	90 Days	FIFO

- The Stable Value Fund is not a mutual fund. It is only available as an option through your plan.

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Nationwide offers a variety of investment options through our products. As a product provider, we incur certain expenses. These expenses may include distribution costs, marketing expenses and administration expenses. As a result, the funds underlying these investment options, or their affiliates, may make payments to us. Want more detail about the payments that Nationwide receives? Read more on www.newmexico457dc.com.



For more information contact your local retirement specialist

Clayton Puckett

505-362-8814 (cell)

puckett1@nationwide.com

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The Power of WE.

APS Employee Credit Union Benefit

ENRICHING LIVES FOR 74 YEARS

Credit Unions are member-owned not-for-profit cooperatives, where each person has one equal share. Ownership is not based on dues, but simply having a \$5 deposit in a Regular Share Savings Account. Chartered in 1936 as Albuquerque Public Schools Federal Credit Union, New Mexico Educators Federal Credit Union has been committed to helping members achieve their financial dreams with quality products and services. We provide no-cost evening workshops and comprehensive financial resources on our website. Once you become a member, your family members can also become members. As you help spread the word, you further increase "The Power of WE."

MEMBERSHIP SAVINGS

OPEN YOUR MEMBERSHIP ACCOUNT WITH \$5

- Earn dividends on balances of \$100 or more.
- Use your savings, money market, or line-of-credit for overdraft protection.

THREE CHECKING ACCOUNT OPTIONS

ESSENTIAL PERSONAL CHECKING

- \$250 minimum balance requirement to avoid a \$3 monthly service fee OR you must have two of the following:
- E-statements
- Direct Deposit
- Average monthly balance \$250 in other deposit accounts

POWER PERSONAL CHECKING

- Earn dividends on balances of \$2,500 or more and waive a \$5 monthly service fee. The higher your balance, the higher your dividend rate.
- Save money on many valuable services.

RELATIONSHIP PERSONAL CHECKING

- Earn dividends on balances of \$25,000 or more and waive a \$10 monthly service fee. The higher your balance, the higher your dividend rate.

EXTRAS WITH ANY OF OUR CHECKING ACCOUNTS

- Unlimited check writing with no fee.
- Direct Deposit.
- Visa® Check Card can earn you cash rewards with our Community Rewards Program; also serves as your ATM card.
- No-fee ATMs – over 170 *CU Anytime*® in New Mexico and over 25,000 *CO-OP Network* nationwide.
- Free Identity Theft Resolution Service.
- Anywhere Advisors personal phone service Monday through Saturday.
- Lobby service at over 3,400 *CU Service Centers* credit union offices across the country.

ELECTRONIC BANKING

ANYWHERE ACCESS INTERNET BANKING®

- Set up automatic loan payments to New Mexico Educators Federal Credit Union and other financial institutions.
- Make balance inquiries or account transfers, confirm checks have cleared, print images of cancelled checks, and verify deposits and withdrawals.
- Unlimited no-fee Bill Payer. Pay utilities, auto loans, even your doctor or day care.
- Free Text & Mobile Banking.
- Anywhere Deposit – make deposits from your home or office.
- Track spending with FinanceWorks.
- Go "green" with electronic statements.

ACCESS 24 AUTOMATED TELEPHONE BANKING

- Call Access 24 to make account balance inquiries, account transfers or many other teller services. 24/7.
- Get current loan rates or apply for a loan. 24/7.

CREDIT CARDS**VISA® PLATINUM REWARDS**

- Earn Bonus Rewards Points for brand name merchandise and great travel and vacation options just by doing your everyday shopping.
- Competitive interest rates.
- No annual fee.
- 21-day grace period to avoid interest charges.
- Zero liability for fraudulent use of your card.

ADDITIONAL SAVINGS OPTIONS

MONEY MARKET ACCOUNT – Earn higher dividends with a \$2,500 minimum balance. Make deposits and withdrawals in any amount.

CERTIFICATES – Earn competitive rates with a minimum deposit of \$1,000. Convenient terms from 3 months to 5 years.

INDIVIDUAL RETIREMENT ACCOUNTS – IRA Certificates offer tax-deferred earnings with a minimum deposit of \$500. IRA's are separately insured from your other deposits for up to at least \$250,000.

HOLIDAY AND VACATION CLUBS – Earn higher dividends than a regular savings account with these automatic savings plans.

LOANS

MORTGAGES – Whether you're purchasing or refinancing a home, come to your Credit Union for a wide range of loan options. Apply securely online or request a pre-approval letter anytime day or night.

HOME EQUITY LOANS – Use the equity value in your home for debt consolidation, home improvements, education expenses or emergencies. There are no closing costs. Ask your tax advisor about potential deductibility of your interest payments. Apply securely online 24/7.

NEW AND USED AUTO LOANS – Low, new and used vehicle rates for the two most recent model years. Competitive rates for 2002 and newer used vehicles. Special program for first-time auto buyers.

NEW AND USED MOTORCYCLE LOANS – Long-term financing assures affordable monthly payments.

EXTRA CREDIT LINE-OF-CREDIT – A low-rate loan for emergencies and overdraft protection for your checking account.

PERSONAL SERVICES

DIRECT DEPOSIT – Have your paychecks automatically deposited and, if you wish, distribute funds to designated accounts or set up automatic bill paying.

ADDITIONAL OPTIONS – Safe deposit boxes (where available), American Express Travelers Cheques, wire transfers, custodial and beneficiary accounts, plus complimentary \$1,000 accidental death and dismemberment insurance.

For additional information, visit our website, www.nmefcu.org, email us at info@nmefcu.org or call our Anywhere Advisors® at 889-7755 (800-347-2838 from outside the Albuquerque area).

No-fee *CU Anytime®* ATMs are available at all our locations and there are over 170 throughout New Mexico. When you travel out-of-state, you can also use over 25,000 *CO-OP Network* ATMs. For maps to all your no-fee, no-surcharge ATMs, visit our website.

Directions to over 3,400 affiliated credit union branches nationwide are located on our website.



CU SERVICE CENTERS
The Member-Friendly Financial Network

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800-347-2838 from outside the Albuquerque area.

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www.nmefcu.org
505-888-8920 or 800-356-3178**SERVICE IN SPANISH**

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

MAILING ADDRESS

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

New Mexico Educators Federal
Credit Union, P.O. Box 8530,
Albuquerque, NM 87198**ONLINE SERVICES****ANYWHERE ACCESS®
WEBSITE**
www.nmefcu.org**ANYWHERE ACCESS
INTERNET BANKING®
BILL PAYER and Text Banking**
Register at our website.**MOBILE BANKING**
<https://mobile.nmefcu.org>**EMAIL**
info@nmefcu.org**ADDITIONAL SERVICES****BUSINESS SERVICES**
505-872-5422 or 800-347-2838**MORTGAGE SERVICES**
505-855-5950 or 800-347-2838Apply securely online at
www.nmefcu.org.
Click on “Mortgage & Equity”**INVESTMENT SERVICES***

505-872-5434 or 800-347-2838

*Investment products and services offered through CUSO Financial Services, L.P. (CFS) are not NCUA/NCUSIF insured, not Credit Union guaranteed, and may lose value. Investment Professionals are employees of New Mexico Educators Federal Credit Union (NMEFCU) and registered through CFS. NMEFCU is in partnership with CFS (member FINRA/SIPC).

CREDIT PROTECTORClick on “Loans” at www.nmefcu.org.**BALANCESM FINANCIAL
FITNESS PROGRAM**Click on “Member Benefits”
at www.nmefcu.org.
Call toll-free 888-456-2227**IDENTITY THEFT PROTECTION**Click on “ID Awareness & Security”
at www.nmefcu.org.**INSURANCE SERVICES**Manuel Lujan Agency
4801 Indian School Road NE,
Albuquerque, NM 87110
505-266-7771 or 888-652-7771**LOCATIONS & HOURS****ALBUQUERQUE • 889-7755****COTTONWOOD** - Drive-up available
10090 Coors NW, at 7 Bar Loop
Mon. - Thur. 9 a.m. - 5 p.m.
Fri. 9 a.m. - 6 p.m., **Sat. 9 a.m. - 1 p.m.****JUAN TABO** - Drive-up available
2801 Juan Tabo NE, south of Candelaria
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m.**LADERA** - Drive-up available
3205 Coors NW (Ladera Center)
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m., **Sat. 9 a.m. - 1 p.m.****MONTGOMERY** - Drive-up available
7517 Montgomery NE, west of
Pennsylvania
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m., **Sat. 9 a.m. - 1 p.m.****NORTH VALLEY** - Drive-up available
6125 Fourth Street NW, at Guadalupe
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m., **Sat. 9 a.m. - 1 p.m.****PASEO DEL NORTE** - Drive-up available
8321 Palomas NE (southwest corner of
Paseo and Barstow)Mon. - Thur. 9 a.m. - 5 p.m.
Fri. 9 a.m. - 6 p.m., **Sat. 9 a.m. - 1 p.m.****SOUTH VALLEY** - Drive-up available
3600 Coors SW, south of Rio Bravo
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m., **Sat. 9 a.m. - 1 p.m.****UNIVERSITY** - Drive-up available
1801 Lomas NE, east of
University Blvd.
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m.**UNM CAMPUS**
Student Union Building, lower level
Mon. - Fri. 9 a.m. - 5 p.m.**UPTOWN** - Drive-up available
6501 Indian School NE, west of Louisiana
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m., **Sat. 9 a.m. - 1 p.m.****RIO RANCHO • 889-7755**
Drive-up available
7840 Enchanted Hills, west of Hwy 528
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m., **Sat. 9 a.m. - 1 p.m.****SANTA FE • 467-6000****LA MONTAÑITA**
913 W. Alameda, west of St. Francis Drive
Mon. - Thur. 10 a.m. - 6 p.m.
Fri. 9 a.m. - 6 p.m.
Sat. 9 a.m. - 1 p.m.**ST. MICHAEL'S**
Drive-up available
1710 St. Michael's Drive, east of Llano
Mon. - Thur. 9 a.m. - 5 p.m.
Fri. 9 a.m. - 6 p.m.
Sat. 9 a.m. - 1 p.m.**SOCORRO • 835-1522**
108 N. California
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m.**TAOS • 766-2703**
630 Paseo del Pueblo Sur
Mon. - Thur. 9 a.m. - 5 p.m.,
Fri. 9 a.m. - 6 p.m.**VALENCIA • 889-7755**
Drive-up available
320 Main, at Luna, Los Lunas
Lobby: Mon.-Thur., 9 a.m. - 5 p.m.
Fri. 9 a.m. - 6 p.m.,
Sat. 9 a.m. - 1 p.m.

10/10

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 with resources to resolve their physical, mental health, substance abuse, personal and/or family issues that may interfere with job performance

How can EAP help ME? EAP offers help 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, insecurity, 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. 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

What are the costs? 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.

Is it confidential? Yes! 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.

How do I contact EAP? For assistance, call 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 Service 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).

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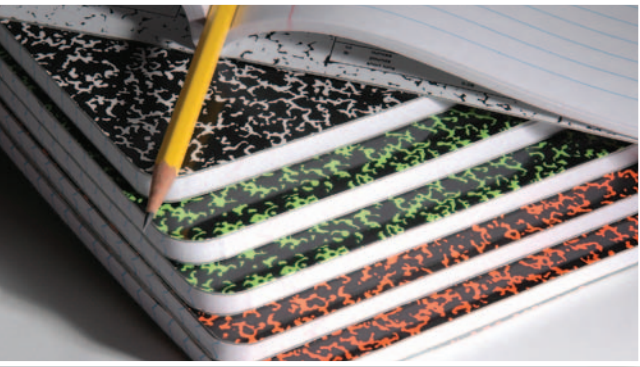
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Albuquerque Public Schools

Employee Benefits

**6400 Uptown Boulevard NE, Suite 115 E
Albuquerque, NM 87120**

PO Box 25704 • Albuquerque, NM 87125