




# Employer Sponsored Group Benefits



Contract Year  
July 1, 2023  
through  
June 30, 2024



Middle Rio Grande Conservancy District





# KNOW YOUR BENEFIT ENROLLMENT OPPORTUNITIES

There are certain times throughout the year when you may enroll in health and supplemental insurance benefits, or change your coverage. Visit your HR Team for assistance enrolling.



## Open Enrollment: May 1 - 26, 2023

This is your opportunity to change health plans, change from family to individual coverage, enroll if you had previously deferred coverage, cancel coverage for yourself **OR** an adult dependent child and more.

Open enrollment is available to all benefits eligible employees and dependents. Changes become effective July 1, 2023.

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## New Employees

Coverage begins on the first of the month following your hire date. You have 31 days from your hire date to complete and submit your enrollment forms. Please contact the HR Team for details.

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## Qualified Life Event

Coverage begins on first day of the month following the date of the qualified event. You have 31 days from the date of the qualifying event to make changes to your enrollment. A complete list of Qualifying Life Events is on page 10. Delaying the entry of a Qualifying Life Event may result in extra deductions for premiums due.

Losing or gaining eligibility for Medicaid allows a 60-day enrollment period.

An ex-spouse or domestic partner is not eligible to continue participation in the insurance program, except through COBRA. Therefore, when the divorce decree is received and the Divorce Life Event is entered, the end of coverage will be back dated to the day following the court stamped date on the final decree.





# TAKE ACTION CHECKLIST



## STEP 1

### Choose a Health Plan

- Page 4 summarizes the available plan design options and compare key factors such as co-pays and out-of-network benefits availability. For full information contact the HR Team.
- Consider your annual medical expenses or any upcoming medical procedures you may need as you make your selection.



## STEP 2

### Consider Supplemental Benefits

#### Things to Consider:

- Do you want dental or vision coverage? See page 5.
- Do you need STD/LTD; Voluntary life, Critical Illness, Accident, or Hospitalization insurance? See page 6.
- For detailed information, visit your HR Team.



## STEP 3

### Take Action

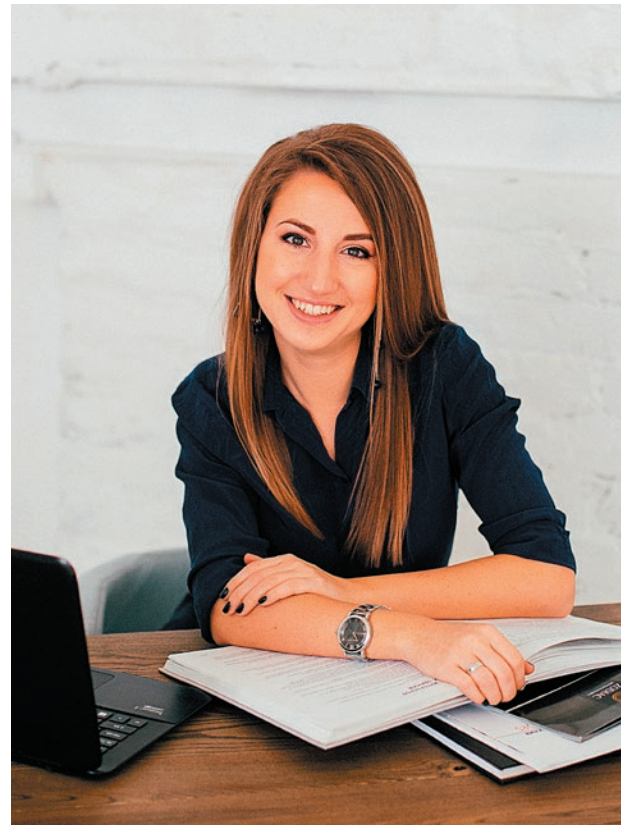
- Enrollment Forms are in this Guide or visit your Human Resources Department for enrollment forms.



## STEP 4

### Stay Informed

- Visit your Human Resources Department for the most current information on Wellness Initiatives through the Better Health Ambassador Program to become a healthier you.



## Update!

**No major changes this year.**

### Health Plan

- There are no changes to the Health Plans offered by MRGCD.

### Pharmacy Benefit

- There will be a new Pharmacy Benefit Plan from **Optum** in 2023.

### Dental Benefit

There are no changes to the Dental Plan offered by MRGCD.

### Vision Benefit

There are no changes to the Vision Plan offered by MRGCD.



## STEP 1 Choose a Health Plan

**PRESBYTERIAN** Health Plan, Inc.

Plan Benefits/Coverage	Active Option	Family Option		Independent Option	
		Adult	Child (Dependent to Age 26)	In-Network	Out-of-Network <sup>1</sup>
<b>Individual Deductible</b>	\$175 Individual \$350 Family	\$175 Individual \$350 Family		\$175 Individual \$350 Family	\$500 Individual \$1,000 Family
<b>Annual-Out-of-Pocket Maximum</b> (includes medical through PHP and pharmacy through Express Scripts)	\$6,350 Individual \$12,700 Family max	\$6,350 Individual \$12,700 Family max		\$6,350 Individual \$12,700 Family max	\$12,700 Individual \$25,400 Family max
<b>Preventive Care<sup>2</sup></b>	\$0	\$0	\$0	\$0	40%
<b>Primary Care Provider Visit</b>	\$35	\$40	\$10	\$40	40%
<b>Specialist Provider Visit</b>	\$50	\$55	\$40	\$55	40%
<b>Urgent Care<sup>4</sup></b>	\$35 in network \$35 out network	\$40 in network \$40 out network	\$10 in network \$10 out network	\$45	\$45
<b>Emergency Room Visit<sup>4</sup></b>	\$200 includes all services and waived if admitted				
<b>Gender Reassignment<sup>1,3,4</sup></b>	Covered. Services payable depending on the type of service received. See above for surgery and office visit costs.				
<b>Unique Service Reimbursement</b>	\$150 per year	\$0 per year		\$250 per year	

<sup>1</sup> Out-of-network benefits are limited to reasonable and customary charges. You are responsible for any balance due above reasonable and customary charges. Deductible applies to all out-of-network services.

<sup>2</sup> For a complete list of preventive services, visit [www.healthcare.gov/what-are-my-preventive-care-benefits](http://www.healthcare.gov/what-are-my-preventive-care-benefits).

<sup>3</sup> Prior authorization required.

<sup>4</sup> Subject to annual deductible.

505-923-7787

855-261-7737 Outside Albuquerque

[www.phs.org/cabq](http://www.phs.org/cabq)

# Optum:

## The new pharmacy benefit plan coming in 2023.



## STEP 2 Consider Supplemental Benefits



### Delta Dental PPO<sup>SM</sup> Point of Service Summary of Dental Plan Benefits

<b>Benefit Period</b>	July 1 through June 30	
<b>Deductible</b>	\$50 Deductible per person total per Benefit Period limited to a maximum Deductible of \$150 per family per Benefit Period	
<b>Maximum Benefit Amount</b>	\$1,500 per person total per Benefit Period (Diagnostic and Preventive Services will not reduce your Maximum Benefit Amount)	
<b>Orthodontic Lifetime Maximum</b>	\$1,200 per person total per lifetime	
	Delta Dental PPO <sup>SM</sup> Provider	Delta Dental Premier <sup>®</sup> Provider or Non-Participating
<b>Covered Services</b>	<b>You Pay</b>	<b>You Pay</b>
<b>Diagnostic and Preventive Services</b>		
<b>Diagnostic and Preventive Services</b> <i>exams, cleanings, topical fluoride, and space maintainers</i>	No Charge	20%
<b>Basic Services</b>		
<b>Minor Restorative Services</b> <i>fillings, root canals, tooth extractions</i>	15%	15%
<b>Major Services</b>		
<b>Crowns, bridges, dentures and implants</b>	50%	50%
<b>Orthodontic Services</b>		
<b>Orthodontic Services</b> <i>braces child and adult</i>	50%	50%

- Remember, stay In-Network by seeing a contracted Delta Dental PPO<sup>SM</sup> or Delta Dental Premier<sup>®</sup> participating provider.
- Always ask if the provider is a CONTRACTED Delta Dental PPO provider to have the least out-of-pocket costs.
- Need to find a provider? Go to [www.deltadentalnm.com](http://www.deltadentalnm.com) or search the national directory outside of New Mexico for a Delta Dental PPO provider.
- Register online through our Consumer Toolkit to see how your claims were paid and view complete benefit levels.
- Request a pre-treatment estimate before your work is started. Don't assume it will be covered just because the provider says you need it. Make sure you know your out-of-pocket costs!
- Routine visits to your dentist can improve not only your oral health, but also your overall health

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

**Address:**  
2500 Louisiana Blvd. NE STE 600,  
Albuquerque, NM, 87110

**Web Site, Including Provider Search and complete benefit details:**  
[www.deltadentalnm.com](http://www.deltadentalnm.com)



Vision care plan for City of Albuquerque  
Client code: 8985  
[davisvision.com](http://davisvision.com) | 1 (877) 923-2847, 8985

**Frequency**  
Exam: Every 12 months  
Lenses & lens upgrades: Every 12 months  
Frame: Every 24 months  
Contact, evaluation & fitting: Every 12 months

Prior to enrolling, potential members may contact: 1 (877) 923-2847 or visit [davisvision.com/member](http://davisvision.com/member) and enter Client Code 8985 when prompted.

Once enrolled as a Davis Vision Member, please contact: 1 (800) 999-5431 for assistance.



Exams & services

Eye exam copay:  
**\$10**

Contacts evaluation, fitting and follow-up:

Conventional lens  
**\$60 copay**

Specialty lens  
**Up to \$300 after \$60 copay**



Lenses

Lens copay:  
**\$15**



Frame

Allowance:  
**\$160**

+Additional 20% off any coverage.<sup>1</sup>

or

The Exclusive Collection copay:  
Fashion, Designer, Premier

Covered in full



Contacts<sup>2</sup>  
in lieu of glasses

Allowance:  
**\$130**

+Additional 15% off any coverage.<sup>1</sup>

or

The Exclusive Collection of Contact Lenses:<sup>3</sup>

Covered in full

Lens options and upgrades	Member cost
Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	\$0
Polycarbonate lenses (children / adults)	\$0 or \$30
High-index lenses 1.67	\$55
High-index lenses 1.74	\$120
Polarized lenses	\$75
Progressive lenses (standard / premium / ultra / ultimate)	\$0 / \$90 / \$140 / \$175
Anti-reflective (AR) coating (standard / premium / ultra / ultimate)	\$35 / \$48 / \$60 / \$85
Ultraviolet coating	\$12
Tinting of plastic lenses (solid / gradient)	\$0
Plastic photochromic lenses (Transitions <sup>®</sup> Signature <sup>™</sup> )	\$65
Scratch-resistant coating	\$0
Premium scratch-resistant coating	\$30
Scratch-protection plan (single-vision / multifocal)	\$20 / \$40
Trivex lenses	\$50
Blue light filtering	\$15
Additional savings	Member cost
Retinal imaging (member charge)	\$39
Additional pairs of eyeglasses	30% discount <sup>1</sup>
Laser vision correction one-time/lifetime allowance	\$200 <sup>4</sup>


#### How to find an in-network eye care professional?

Enter your client code in the "Member Sign In" section of our website at [davisvision.com/member](http://davisvision.com/member) to locate eye care professionals near you.

1. Some limitations apply to additional discounts, discounts not applicable at all in-network eye care professionals. 2. Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. 3. The Davis Vision Exclusive Collection of Contact Lenses is available at participating eye care professionals. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail. 4. Eye care professionals participating within the QualSight/Davis Vision Lask network have agreed to accept assigned benefits starting as low as \$945.00 per eye for traditional Lask surgery which reflects a 40-50% savings off of the national average. This is a significant discount in addition to the one time life allowance of \$200.00.



## STEP 2 Consider Supplemental Benefits (continued)

Supplemental Benefits		Open Enrollment	Life Event	Family Coverage
	<b>VOLUNTARY LIFE INSURANCE</b> Life Insurance for you, your spouse and dependents.	✗	✗	✗
	<b>SHORT-TERM AND LONG-TERM DISABILITY</b> Covers illness or injuries that are not work-related.	✗		
	<b>CRITICAL ILLNESS INSURANCE</b> Can pay benefits when diagnosed with certain serious illnesses.	✗		
	<b>HOSPITAL INSURANCE</b> Can pay benefits that help with the costs of a covered hospital visit.	✗		
	<b>ACCIDENT INSURANCE</b> Can pay benefits for covered accidental injuries and their treatment.	✗		

## CONTACTS AND RESOURCES

### Offices

### Contact Information

Middle Rio Grande Conservancy District  
Human Resources Department  
1931 2nd Street, SW  
Albuquerque, NM 87102

(505) 247-0234 phone  
(505) 247-3273 fax

## Benefit Providers

Product	Company Name	Group Number	Contact Information
Medical	Presbyterian Health Plan	A0000032-W006	505-923-7787 855-261-7737 Outside Albuquerque <a href="http://www.phs.org/cabq">www.phs.org/cabq</a> 505-220-6562
Prescriptions	Optum Rx		800-372-8563 customer service
Dental	Delta Dental of New Mexico	2517	505-855-7111 877-395-9420 <a href="http://www.deltadentalnm.com">www.deltadentalnm.com</a>
Vision	Davis Vision	8985	(800) 999-5431 <a href="http://www.davisvision.com">www.davisvision.com</a>
Life (Term) Employer Paid Life (Term) Employee Paid Short Term Disability Long Term Disability	UNUM		505-897-0421 877-897-7778 toll free <a href="http://www.unum.com">www.unum.com</a>
Life/AD&D Short Term Disability Long Term Disability	UNUM		505-897-0421 877-897-7778 toll free <a href="http://www.unum.com">www.unum.com</a>



# WHAT'S NEW FOR 2023



## Medical/Pharmacy Premium Increase:

Effective July 1, 2023, premiums for the Health Plan will increase by 2.5% percent. The following illustrates how employee bi-weekly premium deductions will change:

### PRESBYTERIAN/OPTUM

Coverage	Current Deduction	New Deduction
SINGLE	\$ 59.22	\$ 60.70
COUPLE	\$120.49	\$123.50
SINGLE PARENT	\$ 95.13	\$ 97.51
FAMILY	\$173.90	\$178.24

## MRGCD Benefits Open Enrollment Fairs for 2023-24

Date	Time	Division
Tuesday, May 2	12:30 - 4:00 pm	General Office, ER&T, and Albuquerque Division, Albuquerque Area ISO's GO - 1931 2nd St SW, Albuquerque
Tuesday, May 9	2:00 pm - 4:00 pm	Belen Div. and Belen Area ISO's - 25 General Edward Baca, Belen
Wednesday, May 10	2:00 pm - 4:00 pm	Socorro Div. and Socorro Area ISO's - 2401 State Road One, Socorro
Thursday, May 11	2:00 pm - 4:00 pm	Cochiti Div. and Cochiti Area ISO's - 31 Carro de Caballos, Pena Blanca



# Rules and Regulations – Guidelines for Enrollment

These rules and regulations apply to employees of the Middle Rio Grande Conservancy District and government entities that have elected to participate in the same insurance plans with the City of Albuquerque. There may be differences in eligibility between entities. For example, not all governing bodies of the entities have approved allowing an employee's domestic partner and his/her children to be eligible for insurance coverage. Entities also differ in the employer contribution towards insurance premiums. Please check with your employer's Human Resources Department for clarification. Employees with family members working for any participating entity may not double cover any family member on the same group insurance plan.

## Who is Eligible:

- Permanent employees (including those on probation)
- Elected officials
- Unclassified employees scheduled to work 20 hours or more each week
- Legal spouse of an employee (must provide marriage certificate and first page of most recent Federal Tax Return with SS# & financial entries redacted).
- Domestic partner of an employee\* (must provide an Affidavit of Domestic Partnership)
- Children (must provide birth certificate) who are under age 26 AND meet at least one of the following criteria:
  - Natural child of the employee, spouse or domestic partner
  - Placed in the employee's home and in process of being adopted by the employee, spouse or domestic partner
  - Adopted by the employee, spouse or domestic partner
  - Court order that requires the employee, spouse or domestic partner provide health insurance coverage for the child
  - Court document that shows the employee, spouse or domestic partner has full, permanent custody of the child
  - Children over age 26 may **continue** participating in the group insurance plans if they are physically or mentally disabled and are not eligible for any other plan. This continuation is subject to normal enrollment guidelines and approval by the insurance carrier.

\* A domestic partner is defined as a person of the same or opposite sex who lives with the employee in a long-term relationship of indefinite duration and has not been married to anyone during the previous 12 months. There must be an exclusive mutual commitment similar to that of marriage, in which the partners agree to be financially responsible for each other's welfare and share financial obligations. These benefits are also available to the domestic partner's children provided that the child meets the definition of eligibility stated above. Note the criteria and required documents in the *Changing Benefit Elections* section.

## Benefit Options:

Options vary by participating entity but may include:

Medical Insurance	Hospitalization Insurance
Dental Insurance	Term Life Insurance
Vision Insurance	Legal Shield
Accident Insurance	Short Term Disability Insurance
Flexible Spending Accounts	Long Term Disability Insurance
Critical Illness Insurance	

## Coverage Options

Employee Only  
Single Parent  
Employee Plus Spouse or Domestic Partner  
Family



## Changing Benefit Elections and Qualifying Events:

Many of the rules for enrollment and eligibility are made by the Internal Revenue Service because they allow your salary to be reduced by the premiums you pay before taxes are calculated (Internal Revenue Code Section 125.) Only medical, dental, vision and flexible spending account benefits listed on the previous page are deducted on a pre-tax basis. Other benefit options are post-tax. Once you have made an election during your initial enrollment period of 31 days from your hire date then you are locked into that decision until the next open enrollment. Exceptions to this are qualifying events due to a life status change. You must provide documentation of the life status change and complete forms within 31 days of the qualifying event. Qualifying events and acceptable documents are:

- **Marriage** - Marriage certificate and the first page of most recent Federal Tax Return (with SS# & financial entries redacted)
- **Domestic Partnership meeting eligibility requirements** – Affidavit\*
- **Divorce** – Court issued divorce decree (Ex-spouses are ineligible for coverage after the divorce except through COBRA. Divorce not reported timely may result in full responsibility of claims and loss of COBRA rights.)
- **Birth** – Hospital certificate/Proof of birth is acceptable to add your dependent. Birth certificate is required upon receipt.
- **Death** – Death certificate
- **Change in employment status** affecting benefits eligibility (for you or your spouse) - Letter/form from employer that is notification of the job change, coverage ending or new eligibility period of Spouse/Domestic Partner's employer
- **Open Enrollment**
- **Involuntary loss of coverage** – Official notification of involuntary loss
- **Dependent child losing eligibility** - Official notification of loss
- **Dependent change of residence** that affects benefits eligibility - Documentation of change
- **Dental Insurance Only** – dependent child between the ages of 2 and 3 may be added to a plan in which the employee is already enrolled

\* The **Affidavit of Domestic Partnership** is a legal document in which both the employee and the domestic partner meet the following criteria:

- Both are unmarried and have been for at least 12 months
- Reside in the same residence for at least 12 months and intend to do so indefinitely
- Meet the age requirements for marriage in the state of New Mexico
- Are not related by blood to the degree prohibited in a legal marriage in the State of New Mexico
- Are financially responsible for each other's welfare and share financial obligations

In addition to the notarized affidavit, **three** of the following documents are also required.

- Joint lease/mortgage or ownership of property
- Jointly owned motor vehicle, bank or credit account (only one qualifies)
- Domestic partner named as beneficiary of the employee's life insurance
- Domestic partner named as beneficiary of the employee's retirement benefits
- Domestic partner named as primary beneficiary in the employee's will
- Domestic partner assigned as power of attorney or legal designee by the employee
- Both names on a utility bill
- Both names on an investment account

The employee's domestic partner is not required to visit Human Resources in order to receive benefits. The employee should call to make an appointment then bring the signed and notarized Affidavit of Domestic Partnership with the other required documents.

The Federal Government does not recognize domestic partners as qualified dependents and therefore the premium paid for their coverage cannot be pre-taxed. In addition, the employee must pay tax on the portion of the premium paid by the District for the domestic partner and his/her covered children. Employees wanting to change benefit elections involving a domestic partner must adhere to the same rules regarding qualifying events.



**Please note:** Qualifying Life Events do not allow employees to change their Presbyterian Gym Membership election. The only time to elect to enroll or dis-enroll in the gym membership is during the open enrollment period.

Missing the initial enrollment period, 31-day qualifying event period or the annual open enrollment period, may result in delayed enrollment, a delay in notification of loss of coverage and paying for coverage no longer provided (such as for an ex-spouse.)

**Name/Address Changes:** It is important to keep your employer and the insurance plans informed when you experience a name and/or address change to prevent a disruption of service and receipt of important policy information. Please visit Human Resources timely to complete the appropriate form(s).

#### Effective Date of Coverage, Changes and/or Terminations:

**New Employees** – Coverage begins on the first day of the month following your hire date. You have 31 days from your hire date to submit completed forms, verification of dependent eligibility, and any required supporting documentation. Note: If required supporting documentation is not received timely, benefits coverage will be canceled back to the date of benefits eligibility.

**Qualifying Events** – Coverage begins on the first day of the month following your event date. Two exceptions to this are for the birth of a child and marriage, whereby the change will take place on the event date. You have 31 days from the date of the event to make changes to your enrollment, and provide required supporting documentation. Note: If required supporting documentation is not received timely, benefits coverage will be canceled back to the date of benefits eligibility.

Losing or gaining eligibility for Medicaid allows a 60-day enrollment period.

An ex-spouse is not eligible to continue participation in the insurance program except through COBRA (see the next page.) Therefore, when the divorce decree is submitted to Human Resources with the cancellation form, the end of coverage will be back dated to the day following the court stamped date on the decree.

**Reinstatement** – An employee who is terminated from the District and is subsequently reinstated is eligible to enroll in benefits as a new hire effective the first of the month after their hire date. The employee must visit Human Resources with documentation of the reinstatement and complete an enrollment form within 31 days of reinstatement.

**Open Enrollment** – Benefit changes elected during open enrollment are effective on July 1<sup>st</sup> or if you are cancelling coverage then the last day of coverage will be June 30<sup>th</sup>.

#### **Termination of Coverage**

Insurance terminates at the end of the month in which the event occurs except for ex-spouses whereby their coverage ends the day after the divorce is final.

#### Open Enrollment:

This is a three week period usually in May that allows all benefits eligible employees to make changes to their benefit elections without experiencing a qualifying life status change. It is the only opportunity to switch plans. Annual premium changes may occur at this time and will automatically be updated on your first paycheck in July.

#### Double Coverage:

Neither you, your spouse, domestic partner nor dependent child who works for the District, or one of the participating Entities may be double covered on medical, dental, vision or voluntary term life. The only exception to this is when you or your spouse/domestic partner is retiring and the only alternative to double coverage is a gap in coverage. Double coverage can last no longer than two weeks with proper documentation.

#### Insurance Premium and Benefit Plan Participation Payments:

The District pays a substantial portion of medical, dental and vision premiums regardless of the coverage options you elect. The benefit premium payments are deducted over twenty-four of our twenty-six pay periods each year. Your earnings are reduced by your portion of the medical, dental and vision insurance premiums before Federal, State and Medicare taxes are calculated, thereby saving you money. (The District is exempt from paying FICA taxes).



#### Leave Without Pay/FMLA/Military Leave:

Employees are responsible for paying their Group Health Premiums and premiums for any voluntary/supplemental benefits selected regardless of receiving a paycheck. This means if your employment status is "active" and you do not receive a paycheck then you will be responsible for paying only the employee portion if on FMLA or an approved paid leave. You will be responsible for both the employee AND the employer portion of your medical, dental, vision premiums and other current deductions for voluntary/supplemental benefits if you are not covered by FMLA or an approved leave of absence. You will be responsible for making payment arrangements through the Human Resources Department. Failure to either make payment arrangements or to make timely payments will result in cancellation of benefits back to the end of the month for which the premiums were paid.

#### COBRA:

The Consolidated Omnibus Budget Reconciliation Act (COBRA) is the federal law that allows the employer to offer continued participation in medical, dental, and/or vision group insurance coverage if your hours are reduced, your employment terminates (18 months maximum) or your covered dependent loses eligibility (36 months maximum.) The District monitors when dependent children are approaching the end of eligibility on their 26<sup>th</sup> birthday and will automatically cancel their coverage and have the notification of COBRA options mailed to them. Domestic partners of employees are eligible to continue coverage under COBRA when their eligibility ends under the active employee plans. Electing to continue coverage must be made within 60 days of the date eligibility was lost on the active employee plans or from the notification of the loss of coverage. Therefore, continued coverage will be offered to children losing eligibility or ex-spouses of employees whenever you submit documentation of the qualifying event. However, all the months since the coverage ended must be paid in order to reinstate coverage. The cost of the coverage is 102% of the full monthly premium. You will receive written notification of your rights and responsibilities after you provide documentation to Human Resources when you or your dependent experience an event that qualifies.



# Convenient Ways to Access Care



## Direct access to medical advice 24 hours a day, seven days a week.

The PresRN nurse advice line is an easy way to speak with a registered Presbyterian nurse at no cost 24 hours a day, seven days a week, including holidays. Call **(505) 923-5570** or **1-888-730-2300**.

## MyChart is a secure, web-based portal for direct communication to care teams.

MyChart allows members with a Presbyterian Medical Group provider to send electronic messages and communicate with their care team, request prescription renewals and schedule office or telephone visits. Members can also conveniently view their medical records, lab and radiology reports, procedures and test results.

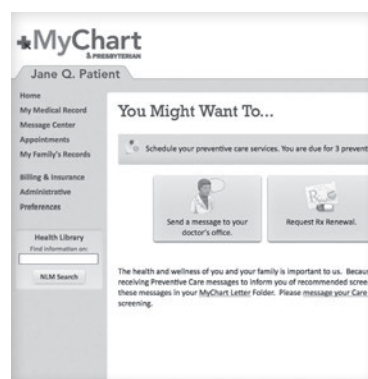
## See a provider anytime, day or night, with Video Visits.

This no cost, convenient option offers a new way to see a medical provider for nonemergency medical conditions via secure video through a smartphone, tablet or computer webcam. This is also a great option when you or your family members need to seek nonemergency care but aren't near a healthcare facility. To request a visit, log in to your myPRES account by going to **[www.phs.org/myPRES](http://www.phs.org/myPRES)**.

From there:

1. Click the "Video Visits" button.
2. Read the requirements listed on the page. If you agree, click the "Continue" button.
3. Fill out a brief medical history form if you haven't already done so. To fill out the form, click the "Medical History" button.
4. Click "Request an Exam" to open the intake form.
5. Fill out the intake form. Here, you will provide quick details about your health concern and request your visit.

Within minutes, you will receive a call from a care coordinator for a quick review of your symptoms and to make sure your video connection is ready to go.





## Online Visits: healthcare, anywhere.

With Online Visits, powered by SmartExam, we can save you a trip to your provider's office. Through our online system, Presbyterian Medical Group providers diagnose, treat and prescribe medications. All you need to do is answer a few questions about your condition and then fill any prescriptions you receive at a pharmacy. **There is no cost for Online Visits at this time.** The online questionnaire takes a few minutes and, for many conditions, your treatment plan may be ready in about an hour. Online Visits is available to people 18 years of age and older who are Presbyterian patients. Online Visits is available 24/7. You can access Online Visits at [www.phs.org/onlinevisits](http://www.phs.org/onlinevisits).



## Presbyterian' new urgent care/ER facilities.

Presbyterian Health Plan members now have a new choice for medical care. Presbyterian is proud to introduce PRESNow 24/7 urgent and emergency care. PRESNow is Albuquerque's only 24/7 urgent care and emergency care under one roof. Our medical staff will decide the level of care you need. Each patient is assessed by a clinician and treated for their condition.

# PRES*Now*

## 24/7

Urgent &  
Emergency Care

### PRESNow Locations:

6400 Paseo Del Norte Blvd NE, Albuquerque, NM 87113

4515 Coors Blvd, NE, Albuquerque, NM 87120

3436 Isleta Blvd, SW, Albuquerque, NM 87105



# Understanding More About Your Health Plan

## No-Cost Healthcare Solutions



All Presbyterian Health Plan members through the City of Albuquerque and its participating entities have access to a growing statewide network. This includes an integrated health system of eight hospitals, a large medical group and a health plan network of more than 10,000 providers and facilities throughout New Mexico and border communities (listed at [phs.org/directory](http://phs.org/directory)).

### Presbyterian's Mobile Health Center: Bringing care to you

It is important that you have a regular primary care provider (PCP), but with your health plan you also have access to the Presbyterian Mobile Health Center. The Mobile Health Center offers non-work-related routine healthcare and urgent care services exclusively to you and your enrolled dependents. The Mobile Health Center, a 45-foot van, travels to different locations, giving you the option to visit the health center wherever it is. Appointments are available for **no copay** on a scheduled or walk-in basis (as time permits). Standard out-of-pocket expenses will apply if you are referred outside the Mobile Health Center for more specialized services.

- The Mobile Health Center is staffed and equipped to diagnose and treat symptoms such as:

- colds
- coughs
- sore throats
- flu symptoms
- ear aches
- pink eye
- sinus infections
- urinary tract infections
- strains and sprains
- cuts
- removal of stitches

- The staff can also administer:

- your annual physical exam
- select vaccinations
- lab tests
- ongoing screenings for A1C, cholesterol, blood glucose and blood pressure

- The Mobile Health Center team will refer you to specialists and write prescriptions as needed. Any care you receive will be communicated to your Primary Care Provider (PCP).

- For schedules and locations, visit [www.cabq.gov/mobilehealthcenter](http://www.cabq.gov/mobilehealthcenter). Simply walk in or call to schedule an appointment: **(505) 220-6562**.



**\$0 copayment for covered employees,  
spouses and dependent children.  
Call (505) 220-6562 for an appointment.**





# Keep your story moving with a new fitness membership.

As a Presbyterian Health Plan member, you and your enrolled dependents (ages 18 and up) now have **free access** to more than 8,500 national, regional, and local fitness, recreation, and community centers.\* These facilities include all Defined Fitness locations in Albuquerque, Rio Rancho, and Farmington, as well as the nationwide Prime Fitness network.



Defined Fitness is one of New Mexico's premier health clubs, offering a wide variety of group exercise classes, supervised child care and state-of-the-art strength training and cardiovascular equipment. All locations feature an aquatic complex with an indoor pool, hot tub, dry sauna, and steam room.



The Prime Fitness network provides group exercise classes and amenities such as pools, sport courts, tracks and more. You can visit participating locations nationwide as often as you like, including select YMCAs, Snap Fitness, Curves®, and more. When you use Prime Fitness, your fitness travels with you.

Visit [defined.com](http://defined.com) or [primemember.com](http://primemember.com) for a list of participating locations. After your enrollment with Presbyterian, you'll receive detailed instructions on how to get started.

It's never been easier to keep your story moving.

 **PRESBYTERIAN** Health Plan, Inc.

MPC121301  
REV 0316



Sports & Wellness is where Albuquerque has gone to find fun, friends and fitness for more than 25 years. Enjoy a special Presbyterian Health Plan member rate and experience five-star service and first-rate amenities at five New Mexico locations and other clubs across the country. Visit [sportsandwellness.com](http://sportsandwellness.com)



# Personalized Service



## Get the information you want when you need it.

Presbyterian's web-based services offer fast and convenient service any day of the year.

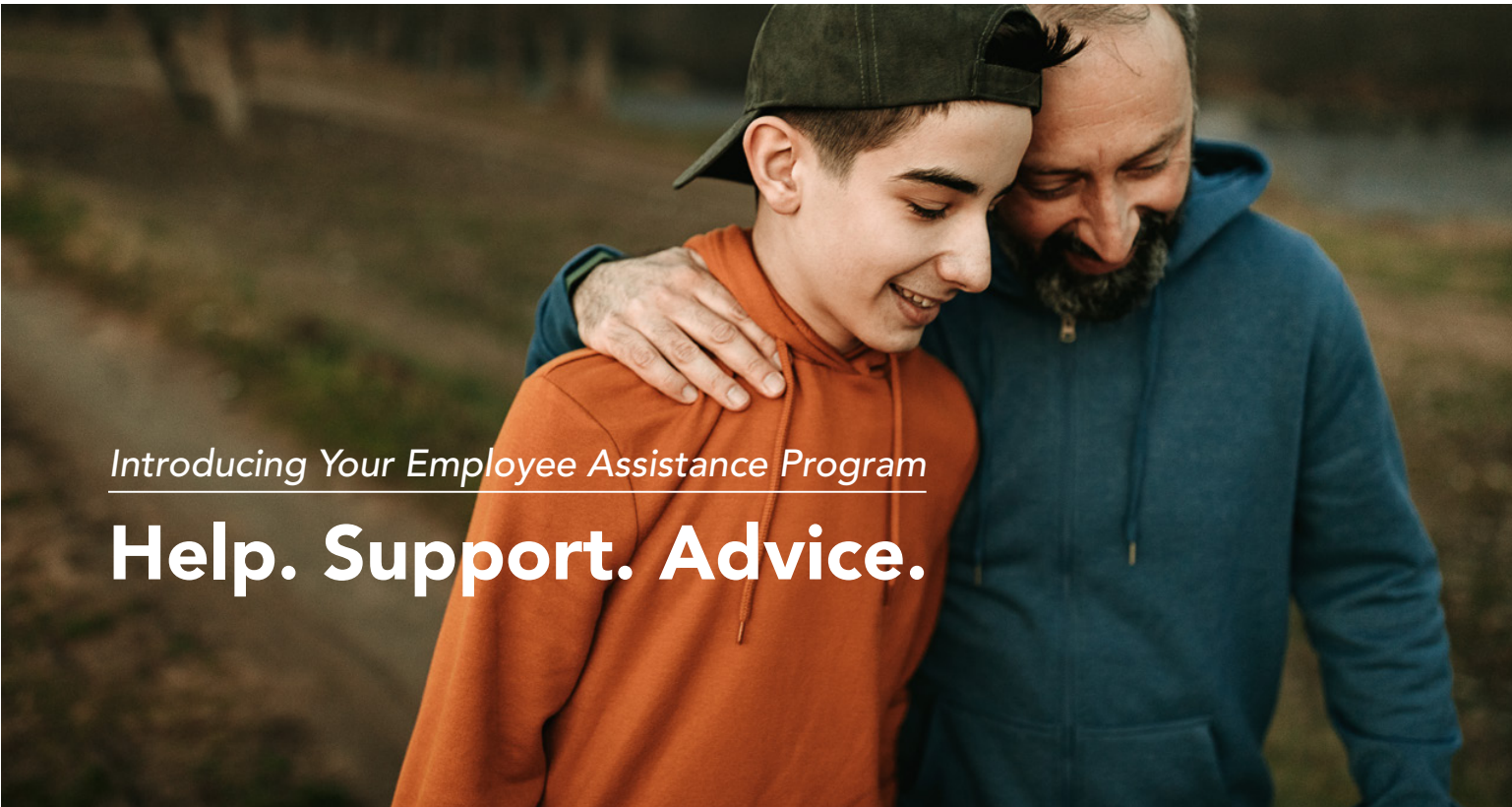
- Look up **benefit information** securely, view claims status, and track deductibles.
- Complete a **Video Visit**.
- Schedule an online **Urgent Care appointment**.
- Access **Wellness at Work**, a web-based application offering personal health assessments, health education tools and more.
- Estimate out-of-pocket costs for common medical treatments and procedures with a **Treatment Cost Calculator**.
- Send messages to care teams, request appointments and view test results with **MyChart** (for Presbyterian Medical Group patients).
- View or request a replacement **member ID card**.



## Presbyterian Customer Service Center: Dedicated to you.

Our friendly representatives are available Monday through Friday from 7 a.m. to 6 p.m. to answer your benefit questions and assist you in selecting a primary care provider (PCP). You can contact our customer service by calling **(505) 923-7787** (this number is also located on the back of your member ID card) or via email at **[cabqinquiry@phs.org](mailto:cabqinquiry@phs.org)**. We also offer automated options on our customer service phone line to help you get the information you need quickly.





*Introducing Your Employee Assistance Program*

# Help. Support. Advice.

If you or your loved ones face difficult situations like stress, relationship challenges, grief, loss or substance use, we're here to help. Learning how to cope with these issues can improve your overall well-being.

You and your household members can get up to six employee assistance visits per issue through The Solutions Group, a division of Presbyterian Healthcare Services.

Employee Assistance Program (EAP) services are short-term, confidential counseling sessions conducted by local licensed providers and can include:

- mediation services
- substance use assessments and referrals
- 24-hour emergency services
- support for supervisors and managers
- referrals for additional support

When faced with complex personal or work-related challenges, let our EAP providers help. To schedule an appointment with an EAP counselor or for after-hours crisis support, please call 1-866-254-3555 or (505) 254-3555.

*Services provided by:*



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



# Flexible Spending Accounts

You may choose to participate in one or both of the flexible spending accounts:

- Medical Reimbursement Account\*
- Dependent Care Account

With the **Medical Reimbursement Account** you can save 15%-40% on your out-of-pocket expenses that are not covered by the medical, dental or vision plans. Simply calculate your estimated expenses for the year and have that amount set aside in a Medical Reimbursement Account. The money is taken from your check before taxes, so you don't pay most Federal, State, and Medicare taxes on that amount. (The District is exempt from paying FICA taxes). The full amount of your election is available on the first day of the plan year.

## Eligible medical expenses include:

- Ambulance; crutches; eye glasses; dental expenses
- Copays and deductibles
- Nursing Care; Physical Therapy
- Orthodontics
- Birth Control
- Smoking cessation programs, nicotine patches/gum
- Diabetic Supplies

For a reference of FSA eligible expenses go to [www.padmin.com](http://www.padmin.com).

- You may contribute a maximum of \$3,050 per eligible employee per year (the minimum you can elect annually is \$240). If you and your spouse are employed by the District, each can contribute \$3,050.

With the Medical Reimbursement Account, you can carryover up to \$500 (\$10 minimum) of your unused funds at the end of the plan year. The remaining funds will automatically carryover into the new plan year.

The **Dependent Care Account** allows you to set aside tax-free dollars for eligible day care expenses for your dependents. A Dependent Care Account is a great way to defer child care costs. Someone in a 15% tax bracket with the maximum \$5,000 election would save \$750 in one year using an FSA. The Dependent Care Account is a pay-as-you-go account. You may only be reimbursed up to the amount you have contributed to the account.

## Dependent Eligibility:

- You and/or your spouse must be employed or actively seeking employment or attending school full time.
- Dependent care expenses paid during a sick leave, holiday or vacation are not eligible.
- Child must be a dependent under 13 years of age and be in your custodial care more than 50% of the calendar year. If your child turns 13 during the plan year, expenses are no longer eligible for reimbursement.
- A spouse or dependent that is incapable of self-care and regularly spends at least eight hours per day in your home (i.e. an invalid parent).

## Service Requirements:

- Provider cannot be a minor child or dependent for income tax purposes (i.e. an older child).
- Service provider must claim payments as income and comply with state regulations.
- Services must be for the physical care of the child, not for education, meals, etc.
- Overnight camps are not eligible.
- Expenses paid for Pre-K are eligible but kindergarten is not.

## Dependent Care Account Limits:

- A single parent or married couple filing jointly can elect up to \$5,000 per family, while a married person filing separately can elect up to \$2,500 each year.



**LEARN MORE** at: [www.padmin.com](http://www.padmin.com).

This is an example of how you can save tax dollars with an FSA:

	With FSA	Without FSA
Annual Income	\$40,000	\$40,000
Estimated health care expense	\$2,500	\$0
Taxable Income	\$37,500	\$40,000
Estimated Federal Tax	\$5,625	\$6,000
Estimated Social Security Tax	\$2,869	\$3,060
Healthcare expenses	\$0.00	\$2,500
Net pay	\$29,006	\$28,440
Savings with FSA	\$506	N/A

**You should check with a tax advisor to see what your savings might be if you participate in the Flexible Spending Account program.**

**Note that you are unable to use certain tax credits if you use the FSA accounts.**



*If you sign up for the Flexible Spending Account, you will be issued a debit card. The debit card may be used to pay for eligible expenses. If you forget to use your debit card or if a vendor does not accept debit cards as a method of payment, you may pay for your expense out of pocket and submit a claim for reimbursement. P&A will reimburse you via check or direct deposit (if you have signed up for direct deposit).*



**MIDDLE RIO GRANDE CONSERVANCY DISTRICT  
UNUM SPONSORED LIFE, AD&D, STD & LTD  
BENEFITS 2023 - 2024 BENEFIT YEAR**

**Life/AD&D Coverage Effective 07/01/23– 100% Employer Paid**

Eligibility	All Regular Full-Time Employees working 20 hours weekly
Benefit Amount	\$10,000

**Short Term Disability Benefits – Voluntary – 80% Employer Paid  
Provided by UNUM Life Insurance Company**

Eligibility	All Regular full-time Employees working 20 hrs. or more weekly
Total Weekly Benefit	66.667%
Maximum Weekly	\$700 Weekly
Duration of Benefits	11 Weeks
Pre-Existing Condition Limitations	None
Elimination Period	Accident = 14 <sup>th</sup> Day Sickness = 14 <sup>th</sup> Day
Pregnancy Benefit	Same as Illness
<i>If an employee is presently enrolled and elects to cancel coverage, they will not be eligible to enroll again until 07/01/24 and MUST provide evidence of insurability. New hires after 07/01/21 that did not elect coverage during their initial eligibility period can elect coverage effective 07/01/22 and MUST provide evidence of insurability.</i>	

**Long Term Disability Benefits – 100% Employer Paid  
Provided by UNUM Life Insurance Company**

Eligibility	All Regular full-time Employees working 20 hrs. weekly
Maximum Monthly Benefit	60% to \$8,000 Monthly
Pre-Existing Condition Limitations	3/12 – applies to new hires
Elimination Period	90 Continuous Days
Survivor Benefit	3 Month Lump Sum
Rehabilitation Benefit	Yes
Family Care Benefit	Yes
Work Place Modification	Yes
Dependent Care Benefit	Yes \$350/month/dependent – max of \$1,000/month

**Supplemental Life & AD&D Benefits – 100% Employee Paid  
Provided by UNUM Life Insurance Company**

Eligibility	All Regular full-time Employees working 20 hrs. weekly
Life Benefit	
• Employee	5 x earned income in \$10,000 increments to \$500,000 max Guaranteed Issue = \$150,000
• Spouse	\$10,000 increments to \$500,000 max Guaranteed issue amount of \$30,000 Spouse benefit cannot exceed 100% of employee benefit
• Child(ren) 15 days to 6 mos	\$100
• Child(ren) 6 mos. to 19 yrs or 25 if full-time post-secondary student	\$2,000 increments to \$10,000 child max
Reduction Schedule	35% @ 65 years old, 50% @ 70 years old
Portability Benefit	Yes – Within 31 days of termination
Accelerated Death Benefit	Up to 50% - maximum of \$250,000
Conversion Benefit	Yes – Within 31 days of termination
If an employee is presently enrolled with a minimum of \$10,000 or more, they have the option to increase coverage up to the maximum Guarantee Issue amount of \$150,000 for themselves and/or \$30,000 for their spouse without Proof of Insurability. For any amount over \$150,000 for employees or \$30,000 for spouses a Proof of Insurability is required.	

If you should have any questions about the UNUM Life Ins. Company Benefits, please call Stephen Sauter with Sauter Insurance Services @ 505-897-0421 or Toll Free 877-897-7778





## **Talkspace for Behavioral Health**

### **Mind your Mental Health with Messaging Therapy for emotional wellbeing**

Just like you take care of your body, you need to take care of your mind. Find and communicate with a therapist anytime via your web browser or secure mobile app. Unlimited visits available for all adults 18 and over living in the same household.

For more information on how to sign up, go to [www.talkspace.com/php](http://www.talkspace.com/php), or contact Presbyterian Customer Service at (505) 923-7787 or 1-855-261-7737 after July 1, or contact the HR Team for details.

## **MRGCD 457(b) Deferred Compensation Program**

Deferred Compensation seeks to provide the “Extra” money you need for a more enjoyable and comfortable retirement lifestyle.

### **What is Deferred Compensation?**

- Voluntary, IRS-approved retirement savings plan
- Pre-Tax and Tax Deferred (Income taxes are due in the year in which the money is withdrawn)
- Payroll deducted

**Contact the HR Team for more information and how to enroll.**



## Benefits Enrollment Forms



1	Social Security Number	Employee Name: First, Middle Initial, Last				Birth Date	Effective Date
	Employee ID	Mailing Address				Home Phone	Work Phone
	Gender (Circle One): Female or Male	City, State, Zip	Home email		Event Date		
2ER	<div>EMPLOYER</div> <div>MIDDLE RIO GRANDE CONSERVANCY DISTRICT</div>						
3	<b>CERTIFICATION - You cannot cancel or change coverage without the qualifying event of a valid life status change.</b>						
	Medical	Dental	Vision	Decline	Enroll	Decline	For Office Use Only
	Presbyterian 1365-H006	Delta Dental 2517-0004	Davis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medical
	Active Option						Dental
	Family Option						Vision
4	Independent Option						COBRA
							FSA
	GYM						
	Relationship to Employee	Social Security Number	Date of Birth MM-DD-YY	Gender F or M	Insurance Enrollment A (add) or C (cancel)	Eligible?	Eligibility Verified by
	Dependent Full Name				Medical	Dental	Vision
5							
<p>I hereby submit the information on this form as application/change to insurance coverage under a plan contracted by the City of Albuquerque. I have received and read descriptive literature of the insurance plans as they affect this application/change. I understand, accept and agree to abide by the terms and provisions of the city agreement in receiving services. I understand that membership may be automatically terminated if I have intentionally given any false information regarding myself and/or my dependents on this application. I authorize the insurance carrier to disclose medical information concerning me, or my dependents, to authorize agencies when required under appropriate Federal/State legislation or regulation, and to obtain medical information from other appropriate agencies for the purpose of providing necessary health care/administrative services under the plan. I understand that the employer may change my premiums and/or benefits as part of the annual contract renewal process. I authorize my employer to reduce my earnings by the amount required to pay my share of insurance premiums including the recovery of premiums not paid due to retroactive coverage or a period of unpaid leave.</p> <p>The Presbyterian Gym membership is for myself and my eligible family members over the age of 18 years of age. I have read all the information regarding the benefit. I understand this benefit will be effective on my hire date or July 1st as part of Open Enrollment. I understand I cannot dis-enroll from this benefit until next Open Enrollment, or if I am no longer eligible for employee benefits. I agree to pay the Fair Market Value necessary taxes through my paycheck.</p> <p><b>I understand I must provide documentation of dependent eligibility before their coverage will be effective.</b></p> <p><b>X</b></p>							
Employee Signature		Date Signed					





EE# \_\_\_\_\_

## Flexible Spending / Cafeteria Plan Enrollment Form

Employer name:				Plan Year:	
Last Name:		First Name:		M.I.	<input type="checkbox"/> Male <input type="checkbox"/> Female
					Social Security Number (Must be provided)
Street Address:		City:		State:	Zip Code:
Home Phone Number: (      )	Date of Birth:	Date of Hire:	Division of Company:		<input type="checkbox"/> Single <input type="checkbox"/> Family
E-mail Address:					
Payroll Cycle: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other					
Date of first payroll withheld:    Month _____ Day _____ Year _____					

Account Type (Note: Not all accounts may apply to your company)	Election Amount
Health FSA (example: Doctor co-payments, eye glasses)	_____ Annual \$3,050 annual max contribution
Dependent Care Assistance FSA	_____ Annual \$5,000.00 annual max contribution

**Minimum reimbursement amount for manual check is \$25**

**PLEASE NOTE:** For any enrollment/change forms effective outside of the initial plan year, the effective date will correspond with the next payroll period after the signature date. Claims reimbursement will be made only for expenses incurred on or after the signature date.

### AUTHORIZATION

I hereby elect the benefits indicated above. I have read and understand the enrollment materials (flex brochure, enrollment form, daycare form, direct deposit form and claim form) and I authorize my employer to adjust my pay as required by my election. I understand that this election is binding and cannot be revoked or modified until the next plan year, except under the limited circumstances that are described in detail in the SPD that I have received from my employer (i.e. marriage, divorce, birth). I further understand that any amounts remaining in my account(s) not used for eligible expenses incurred during the period of coverage will be forfeited in accordance with the current plan provisions and tax laws.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Please return all enrollment forms to your Employer**



