This handbook contains highlights only. The specific terms of coverage, exclusions and limitations are contained in the official plan documents for each benefit plan.
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<td>PRESBYTERIAN HEALTH PLAN</td>
<td>Group # 002194:&lt;br&gt;Member Services: 505-923-5600 or 888-275-7737&lt;br&gt;PO Box 27489&lt;br&gt;Albuquerque, NM 87125-7489&lt;br&gt;www.phs.org/aps</td>
</tr>
<tr>
<td></td>
<td>LOVELACE HEALTH PLAN</td>
<td>Group # 20412100:&lt;br&gt;Member Services: 505-727-5488 or 800-844-7033&lt;br&gt;4101 Indian School Rd NE&lt;br&gt;Albuquerque, NM 87110&lt;br&gt;www.lovelacehealthplan.com</td>
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<td>Wellness Vendor</td>
<td>HEALTH ADVOCATE</td>
<td>800-970-1263&lt;br&gt;www.healthadvocate.com/wellness&lt;br&gt;APS password: apswellness</td>
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<td>Prescription Drug</td>
<td>EXPRESS SCRIPTS</td>
<td>Group # APSNMRX:&lt;br&gt;866-563-9297&lt;br&gt;P.O. Box 650322&lt;br&gt;Dallas, TX 75265-9446&lt;br&gt;www.express-scripts.com</td>
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<td>Dental</td>
<td>DELTA DENTAL PPO NEW MEXICO</td>
<td>Group # 8542:&lt;br&gt;505-855-7111&lt;br&gt;(Member # is Employee’s SSN)&lt;br&gt;2500 Louisiana Blvd NE, Suite 600&lt;br&gt;Albuquerque, NM 87110&lt;br&gt;www.deltadentalnm.com</td>
</tr>
<tr>
<td>Vision</td>
<td>DAVIS VISION</td>
<td>Client Code: 2267:&lt;br&gt;800-999-5431&lt;br&gt;Vision Care Processing Unit&lt;br&gt;P.O. Box 1525&lt;br&gt;Latham, NY 12110&lt;br&gt;www.davisvision.com</td>
</tr>
<tr>
<td>Flexible Spending Account</td>
<td>ASIFlex</td>
<td>800-659-3035&lt;br&gt;Fax: 877-879-9038&lt;br&gt;P.O. Box 6044&lt;br&gt;Columbia, MO 65205-6044&lt;br&gt;www.asiflex.com</td>
</tr>
<tr>
<td>Administrator</td>
<td>Employee Benefits Department</td>
<td>Albuquerque Public Schools:&lt;br&gt;505-889-4859&lt;br&gt;Fax: 505-889-4882&lt;br&gt;6400 Uptown Blvd NE, Suite 115-E&lt;br&gt;Albuquerque, NM 87110&lt;br&gt;www.aps.edu/human-resources/benefits</td>
</tr>
<tr>
<td>Life and Long Term Disability Insurance</td>
<td>Standard Insurance Company</td>
<td>888-609-9763&lt;br&gt;For claim forms, enrollment and information, contact the APS Employee Benefits Department or log on to <a href="http://www.standard.com/mybenefits/apspubschools/">http://www.standard.com/mybenefits/apspubschools/</a></td>
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<tr>
<td>Long Term Care Insurance</td>
<td>LifeSecure</td>
<td>Group # 00792V:&lt;br&gt;Apply on-line at <a href="http://www.apsLTC.com">www.apsLTC.com</a> or call 855-558-1727&lt;br&gt;To apply for the voluntary (100% employee paid) Long-Term Care Insurance: <a href="http://www.apsLTC.com">www.apsLTC.com</a>&lt;br&gt;The APS Group number is 00792V</td>
</tr>
<tr>
<td>Employee Assistance Program (EAP)</td>
<td>Employee Assistance Program</td>
<td>505-884-9738&lt;br&gt;6400 Uptown Blvd NE, Suite 480-W&lt;br&gt;Albuquerque, NM 87110&lt;br&gt;www.aps.edu</td>
</tr>
<tr>
<td>Pension Plan Administrator</td>
<td>New Mexico Educational Retirement Board</td>
<td>Albuquerque office: 505-888-1560&lt;br&gt;Santa Fe office: 505-827-8030&lt;br&gt;6201 Uptown Blvd. NE, Suite 204&lt;br&gt;Albuquerque, NM 87110&lt;br&gt;701 Camino de los Marquez&lt;br&gt;Santa Fe, NM 87502&lt;br&gt;www.nmerb.org</td>
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<td>403(b) Plan Administrator – JEM Resource Partners</td>
<td>1-800-943-9179&lt;br&gt;www.jemtpa.com</td>
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<td>457 Plan – Nationwide Retirement Solutions</td>
<td>505-989-4992&lt;br&gt;www.newmexico457dc.com</td>
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<tr>
<td>Credit Union</td>
<td>New Mexico Educators Federal Credit Union</td>
<td>505-889-7755&lt;br&gt;www.nmefcu.org</td>
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IMPORTANT EMPLOYEE INFORMATION

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 Education Retirement Board (ERB) in Santa Fe. Participation 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 investment are provided in the Summary Plan Description which is available on 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.

Educational Retirement Board  P.O. Box 26129, Santa Fe, NM 87502-2129, (505)827-8030
Educational Retirement Board 6201 Uptown Blvd NE, Suite 204, Albuquerque, NM 87110 (505)888-1560

REQUIRED NOTICES

HIPAA SPECIAL ENROLLMENT NOTICE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 60 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 60 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Employee Benefits Department at (505)889-4859 or employee.benefits@aps.edu.

WOMEN’S HEALTH AND CANCER RIGHTS ACT NOTICE

Special Rights Following Mastectomy: A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of mastectomy

Our Plan complies with these requirements. Benefits for these items generally are comparable to those provided under our Plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our Plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.
IMPORTANT INFORMATION ABOUT EMPLOYEE BENEFITS

ENROLLMENT GUIDELINES

Introduction
Through its benefits program, Albuquerque Public Schools helps you pay for health care services, build retirement savings, and assists in providing financial security for you and your family. The benefits program encourages wellness, personal health assessments, and preventive health measures. The program offers you a range of optional benefits, including coverage for family members, letting you customize your coverage to meet your personal needs. You contribute towards the cost of the benefits you elect.

Enrollment
Your benefits 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. 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 or employee.benefits@aps.edu.

Eligibility
Who is eligible?
- You, if you are classified as full-time (working 30 or more hours per week) and/or current part-time employees already enrolled for benefits who work at least a .45 FTE
- Your legal spouse
- Your domestic partner (must complete notarized Affidavit of Domestic Partnership)
- Your unmarried or married children (see below) are eligible on the medical plan through the age of age 26 (or through the age 25 on the dental and vision plans).
  - Natural or adopted child(ren) or stepchild(ren), or
  - Foster child(ren) living in your household as a result of placement by a state licensed placement agency, provided that the foster home is appropriately licensed, or
  - Your other child(ren) for whom you have legal guardianship.

Extended family members are not eligible under any circumstances.

Part-time Benefits Eligibility
Full-time employees who elect to move to part-time status may continue their current benefits (with the exception of long term disability) as long as the following conditions are met:

- The employee has completed twelve (12) continuous months of service or one (1) 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 1.0 Full-time equivalency salary. Therefore, premium rates will remain the same and will not change to a lower amount when your status changes to part-time.
- Long Term Disability, (LTD) is not offered to part-time employees in keeping with industry standards and underwriting policies.
- Benefits coverage must be continuous. 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.

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 below.
Employee Responsibilities

- Timely notification (within 60 calendar days of date of hire or a qualifying event)
- Timely enrollment (within 60 calendar days of date of hire or a qualifying event)
- Timely submission of documents (within 60 calendar days of date of hire or 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 and AD&D Insurance in the amount of $10,000. This coverage is provided by the District at no cost to you. You need to complete a beneficiary designation card, even if you do not enroll for any other benefits.

Medical Plan Coverage

- Late enrollment is not allowed in the APS medical plan unless you involuntarily lose other medical coverage or you enroll during the annual Switch/Open Enrollment period held each October. If you apply for the medical plan during Switch/Open Enrollment, your coverage will begin January 1st of the following year.

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 each 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 Late Entrant Rule

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

Forms and Required Documentation

Completing the correct paperwork is crucial to your enrollment in the plans offered. APS requires dependent documentation to safeguard against fraudulent enrollment.

- Employee's Social Security Number (SSN) and the Social Security Number(s) for all enrolled members (spouse/domestic partner and/or children) are required under federal law.
  - SSN’s are required under the Mandatory Insurer Reporting Law (Section 111 of Public Law 110-173) for purposes of coordination of benefits to the Centers for Medicare and Medicaid Services (CMS)
- An original 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 insurance coverage
- A Placement Order and Foster Home License are required to cover foster children
- Legal Guardianship papers are required if the child is not your natural or adopted child
- Loss of Coverage Letter from prior employer (if enrolling yourself or eligible family members 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 and provide original Marriage Certificate within 60 days of date of marriage. Review your beneficiary designation for any needed changes or updates.

- **New Child**
  - Children are eligible to be enrolled on the medical plan until age 26 and until age 25 on the dental and vision plans.
  - New Baby: Complete Enrollment/Change Form and provide original Birth Certificate or Hospital Proof of Birth within 60 days of date of birth. If a Hospital Proof of Birth is supplied because the Birth Certificate is not yet available, the Birth Certificate must be submitted as soon as you receive it.
  - Adopted Child: Complete Enrollment/Change Form and provide original Adoption Decree within 60 days of date of adoption.
  - Foster Child: Complete Enrollment/Change Form and provide original Placement Order and original Foster Home License within 60 days of date of placement.
  - Child acquired through marriage: Complete Enrollment/Change Form and provide original Birth Certificate within 60 days of date of marriage. (Your original Marriage Certificate must also be presented at the time the Enrollment/Change Form is submitted.)
  - Other circumstances: Complete Enrollment/Change Form and provide original Legal Guardianship papers, Placement Order or Qualified Medical Child Support Order within 60 days of date of event.

- **Divorce** – Complete Enrollment/Change Form as soon as possible but not later than the end of the month in which the divorce is final. Provide a copy of Final Divorce Decree to include first and last page and any section concerning medical insurance. Review your beneficiary designation for any needed changes. Timely notification is required so APS can inform your former spouse of COBRA continuation coverage. **It is fraudulent to continue coverage for your former spouse on the APS active medical and/or other benefits plans.**

- **Death** – Complete Enrollment/Change Form as quickly as possible but not later than 60 days after the death of a spouse/domestic partner or child. Provide a copy of Death Certificate. Review your beneficiary designation for any needed changes.

- **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. Complete Enrollment/Change Form and provide any required documentation (original Marriage Certificate to enroll a spouse, original Birth Certificate(s) or legal documentation to enroll a child or children, Affidavit of Domestic Partnership with required supporting documentation to enroll a domestic partner).

- **Full-time Short-term Employees** – May enroll in all benefits when first hired ONLY. Complete Enrollment/Change Form and provide any required documentation (original Marriage Certificate to enroll a spouse, original Birth Certificate(s) or legal documentation to enroll a child or children, Affidavit of Domestic Partnership with required supporting documentation to enroll a domestic partner). If coverage is not elected or coverage is dropped, the employee will not be able to enroll until the next Open Enrollment period. If employee’s contract is renewed after the first day of school, he/she will receive a new “Hire Date”. Employee is then considered a new hire and may enroll in benefits at that time.

- **Involuntary Loss of Coverage** – Complete Enrollment/Change Form to enroll in the benefits you and your eligible family members lost. This must be done within 60 days of the loss of coverage. Provide Loss of Coverage Letter from previous employer or insurance provider which specifies who was covered, type of coverage and the date coverage terminated. Include required documentation (original Marriage Certificate to enroll a spouse, original Birth Certificate(s) or legal documentation
to enroll a child or children, Affidavit of Domestic Partnership with required supporting
documentation to enroll a domestic partner). The effective date of coverage for you and/or your
family members will be the 1st day of the month following the date you submit the
Enrollment/Change Form and required documentation. If you fail to meet these deadlines, you will
not be able to enroll until the next Open Enrollment period.

- **Child turns age 26 (or turns age 25 if on the dental and/or vision plan)** – The Plan
  Administrator (insurance company or carrier) will cancel coverage as of the last day of your child's
  birthday month. The APS Employee Benefits Department will send a COBRA Notification letter to
  your child within 14 days of notification of cancellation of coverage.

- **Incapacitated Child turns Age 26 (or turns age 25 if on the dental and/or vision plan)** – A child
  whom is incapable of self-sustaining employment because of physical or mental impairment and
  whom is chiefly dependent upon the employee for maintenance and support is eligible to continue
  enrollment on the APS benefit plans. Employee must provide proof of the child’s incapacity and
  dependency within 31 days of the child reaching age 26 (or age 25 for the dental and vision plans),
  and every year thereafter upon request by the Plan Administrator (insurance company or carrier).
  Contact the insurance company’s Member Services Department or the APS Employee Benefits
  Department to request forms for proof of disabled/incapacitated child. If you do not submit the
  required documentation, the Plan Administrator will cancel your child’s coverage at the end of
  his/her birthday month.

- **Change of Address** – Complete APS Name/Address Change Form in the Human Resources
  Department (City Centre east tower, suite 210) within 30 days of change to ensure that your benefit
  information is updated to reflect your new address.

- **Leave of Absence** – If you will absent for 10 or more consecutive days, contact the Extended
  Leaves Specialist in the Human Resources Leaves of Absence Department. Please refer to the
  APS Employee Handbook and/or Negotiated Agreement if applicable.

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

- **New Coverage Available for you, your spouse or child(ren) resulting from change in
  Employment Status** – You may cancel APS coverage for yourself, spouse and/or children within
  60 days from the date the new coverage for your spouse and/or child(ren) is effective. You must
  provide APS with a Proof of New Coverage Letter on letterhead from the new insurance provider or
  the employer’s Human Resources/Employee Benefits Department. This letter must specify who will
  be covered; type of coverage and the date coverage goes into effect. APS benefits for yourself
  and/or your family members will terminate at the end of the month in which you submit your Proof of
  New Coverage Letter and completed Enrollment/Change Form to the APS Employee Benefits
  Department. Please note that handwritten notices, computer print-outs, enrollment forms, and
  insurance identification cards will NOT be accepted as proof of other coverage.

**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 family member rights to coverage or benefits.
APS will take the appropriate disciplinary action against the offending employee.

APS Employee Benefits, 6400 Uptown Blvd. NE, Suite 115-E,
Albuquerque, NM 87110 - Phone: 889-4859 - Fax: 889-4882.
$PIPP Will Save You Money$

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 PIPP, 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 fully legal under the IRS. However, there are three situations when PIPP may not be advantageous for some employees:

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 date of the qualifying event to change your insurance and PIPP. Family status changes include: 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 that impact your benefits (part time from full time, leave of absence).
Flexible Spending Accounts (FSAs) allow you to set aside money from your paycheck on a pre-tax basis to pay for medical and child/elder care expenses. That means you do not have to pay federal, and in most cases, state income tax, or FICA taxes on those dollars…which means you have more money in your pocket! Most people can save at least 25% on each dollar that is set aside, for expenses they are paying for already!

There are two types of FSA accounts, Health Care and Dependent Care.

The Health Care FSA provides you an opportunity to use pre-tax dollars to pay for out-of-pocket medical, dental, vision and hearing expenses for you, your spouse and any of your dependents (even if they are on a different insurance plan). There are hundreds of eligible expenses, including co-pays, deductibles, prescription drugs and many more. Check the Eligible Expense list at www.asiflex.com for more information.

You can set aside up to $2,500 per year in the Health Care FSA and use these dollars for eligible expenses you incur throughout the year. And, your full annual election is available to you on the first day of your plan year!

Estimating your annual election amount can be the most difficult part of the process, but even this is pretty easy! ASIFlex offers the following tips and tools to help!

Make a list of your predictable or recurring expenses that you know you have, such as annual deductible, monthly prescriptions, contact lens supplies or over the counter supplies. Over the counter medicines are even eligible with a prescription! Next, think about any other anticipated expenses you plan to incur before the end of this year, such as eyeglasses or major dental work including orthodontia.

You can review ASIFlex’s Eligible Expense list as a reference of the hundreds of eligible expenses right on our website – www.asiflex.com. Remember that your FSA elections are fixed once you enroll, so carefully consider your election amount.

Use the ASIFlex expense estimator and the tax savings calculator to actually see your savings! Remember, the more you set aside each pay period, the more you save! So it is to your advantage to do a thorough review of your expenses.
New Hires

The **Dependent Care FSA** is generally used for work-related child care expenses, but you can also use DC FSA money to pay for work-related expenses for older tax dependents that are incapable of self-care. Eligible expenses include daycare, summer day camps (overnight camps are NOT eligible), babysitting, before and after school care, nursery school and pre-kindergarten expenses that are primarily for the protection and well-being of the dependent.

You can set aside up to $5,000 per household, per calendar year ($2,500 if married and filing separate income tax returns).

**When is my money available to me?**
For Health Care, your money is available on your effective date. That’s right, if you elect to have $2,000 for the remainder of the plan year and you schedule an appointment for services two weeks after your effective date, you can submit a claim for reimbursement of the full $2,000.

However, the rules are not the same for Dependent Care. Before you can be reimbursed for a daycare expense, the funds must be in your account. As long as the services have been rendered, you can file a claim for the full amount paid to the daycare provider. If you do not have the full amount available in your account at that time, the remaining amount or up to your deduction amount will be reimbursed automatically when the next deduction occurs from your paycheck.

**How do I get reimbursed?**
- Use the debit card provided for health care expenses. All Health Care FSA enrollees will automatically receive two debit cards. See the separate tips sheet included in your packet. Use of the card is NOT paperless!!!
- File a claim using the ASIFlex mobile app available for Android and iPhone users
- File a claim online
- Fax or mail a claim form and documentation

**How and when do I enroll?**
- Find the enrollment form included in your new hire packet.
- Take some time to estimate the expenses that your family will incur for the remainder of the year.
- Don't be scared of the use or lose rule! Only estimate predictable expenses, but note that you also have a grace period. If you haven't spent everything by the end of the year, you actually have until March 15th into the next plan year to spend your money!
- You have 60 days from your hire date to decide how much to elect for the year. Please note that your election is not effective until the first of the following month after turning in your form.
- Turn the completed form into the Employee Benefits Department.
- Please note that you must re-enroll for FSA each year.

**How much can I really save?**  
*(Calculations based on 28% tax rate)*

<table>
<thead>
<tr>
<th>Gross Income = $35,000</th>
<th>Gross Income = $35,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical FSA = $2,000</td>
<td>Medical FSA = $0.00</td>
</tr>
<tr>
<td>Dependent care FSA = $5,000</td>
<td>Dependent care FSA - $0.00</td>
</tr>
<tr>
<td>Taxed on $28,000</td>
<td>Taxed on $35,000</td>
</tr>
<tr>
<td>Paid in taxes = $7,840</td>
<td>Paid in taxes = $9,800</td>
</tr>
<tr>
<td>YOU SAVED $1,960.00</td>
<td></td>
</tr>
</tbody>
</table>

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**Have questions?**

Customer Service Hours: 7:00 am – 7:00 pm CT Monday – Friday; 9:00 am – 1:00 pm CT Saturday

- **1.800.659.3035**
- [www.asiflex.com](http://www.asiflex.com)
- asi@asiflex.com
Membership has its benefits.
Providing the health coverage you and your family need from a name you know and trust.

Visit your web site for APS employees!
www.phs.org/APS

As an active partner with Albuquerque Public Schools, Presbyterian offers great value from a stable, proven leader in quality. From nationally recognized customer service to wellness programs to comprehensive coverage, your story is our story.

Discounts on gym memberships, weight loss programs, and more. Presbyterian Health Plan partners with BenefitSource to bring you member-only discounts for alternative medicine and other services. Simply present your Presbyterian Member ID card to a participating provider and receive as much as 35% off services like Jenny Craig weight management programs, Defined Fitness memberships, specified durable medical equipment, and audiology services. For a list of participating providers, fee schedules, and more, visit www.benefitsource.org or call (505) 237-1501.

No waiting, no hassles, the information you want when you need it. Presbyterian's web-based services help you get fast and convenient service around the clock, any day of the year. Access your health plan information through our secured site and customize your individual My Pres Online page with health topics and information that most interest you. My Pres Online allows you to:

- Look up your benefit information
- Check the status of your membership
- Change your PCP
- View the status of your claims
- Request replacement ID cards
- Send Customer Service a question online

Enroll today! Contact your Employee Benefits Office for more information.
(505) 923-5600
1-888-ASK-PRES
(1-888-275-7737)
Create your very own Provider Directory based on criteria you choose. Simply visit the Presbyterian web site at www.phs.org/directory. You can:

• Search for providers who are close to your work or home
• Find specific providers, PCPs or specialists
• Narrow your search to match your preferences, such as a male or female provider
• Find facilities and pharmacies

Presbyterian Customer Service Center: Dedicated to you.
Our friendly representatives, centrally located in Albuquerque, are standing by to answer your benefit questions Monday through Friday from 7:00 a.m. to 6:00 p.m. You can contact your dedicated Customer Service Center by calling (505) 923-5600 or 1-888-ASK-PRES (1-888-275-7737) or by sending an e-mail to info@phs.org.

Additional Member Benefits
• No referrals needed to visit network specialists.
• Direct access to medical advice 24 hours a day, 365 days a year through NurseAdvice New Mexico, 1-866-221-9679.
• Help with managing chronic conditions through Presbyterian Healthy Solutions, an innovative disease management program.
• The Tobacco Quit Line, 1-888-840-5445, for confidential support at no additional cost.
• Annual preventive screening reminders and periodic wellness magazines sent directly to you.
• In-network benefits outside of New Mexico with more than 450,000 providers through our partnership with the national Multiplan/PHCS network. Specific providers are listed at www.phcs.com.

Enroll today! Contact your Employee Benefits Office for more information.
(505) 923-5600
1-888-ASK-PRES
(1-888-275-7737)

Presbyterian Health Plan, Inc.
We’re moving to an electronic health record (EHR) to manage your health information. We will have your health information available when you visit, call, or email. The EHR will enhance the communication between primary, specialty, urgent/emergency, and inpatient care teams. You can expect reduced duplicate paperwork and tests.

MyChart

The EHR allows us to share your health information with you. “MyChart” is a secure patient portal where you can view your information at home. Additionally, you can:

- Receive test results
- Send messages to your care team
- Request medication refills
- View summaries of previous visits
- View immunization records

You may also use your MyChart account to request access to the health information of your spouse, children, parents and others. As we transition to our new EHR, visits may take longer than normal. We are building a better Presbyterian!

www.phs.org/mychart
As New Mexico’s first 21st century hospital, Presbyterian Rust Medical Center will offer the following services to the Rio Rancho and Westside community:

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

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

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

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

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

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

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

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

Find out the estimated cost of a medical service

The Treatment Cost Calculator uses your Presbyterian medical benefits and coverage information to estimate your share of the costs for a number of common medical conditions before you undergo a treatment or procedure.

It’s easy to get to the Treatment Cost Calculator!

1. At PHS.org log on to myPRES and Select My Health Plan
2. Look under Quick Links and select: Look up a medical cost estimate
What services and procedures are available?

Medical services and procedures on the Treatment Cost Calculator will expand after a trial period. Although the treatment cost calculator lists many common medical procedures, not every treatment is available for an estimate. This could be due to the nature of the procedure and/or the specific course of treatment assigned by the provider. Pharmaceutical drugs and injections, vision and dental treatments are not included in estimates. Some medical services and procedures currently available include:

- Acute Bronchitis
- Allergies
- Back/Laminectomy (without complications)
- Carpal Tunnel (Endoscopy)
- Eczema or Dermatitis
- Sinusitis/Sinus Infection
- Otitis Media (Ear Infection) for a child - Basic Treatment
- Office Visit – New and Established Patient (various minute visits)
- Urinary Tract Infection – Women
- Vaginal Delivery with Obstetrical Care

Several ways you can use this information and other tool features

- Include this information in health care decision-making
- Use it to have treatment questions in mind for the next provider visit
- Save or print the estimate
- Use Google Map for directions to providers
- Access Frequently Asked Questions (FAQ)
- Access WebMD links for more in depth treatment explanations

For assistance, please call Presbyterian Customer Service Center at the number on your ID card between 7 a.m. and 6 p.m., Monday through Friday.
## 2014 Albuquerque Public School Open Access Medical Plan

### Administrative Services

**Physician Services**
- Non-Specialist: Primary Care Physician selection not required
- Specialist: Referral not required

**Surgery in Office**
- Injectable drugs administered in physician’s office
- Self-injectable drugs (specialty pharmaceuticals) can be ordered through the prescription drug plan

<table>
<thead>
<tr>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td>$25 office visit copay</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>$40 office visit copay</td>
<td></td>
</tr>
<tr>
<td>Included in office visit copay</td>
<td></td>
</tr>
<tr>
<td>Copay based on place of service</td>
<td>Refer to the prescription drug plan</td>
</tr>
</tbody>
</table>

### Preventive Care Services¹
- Routine physical
- Annual women’s exam
- Annual men’s exam including PSA
- Related laboratory tests and X-rays (Includes routine pap tests, cholesterol tests, urinalysis, mammogram, colonoscopy, etc.)
- Well child care including vision and hearing screenings (through age 17)
- Immunizations
- Health education and counseling (including smoking/tobacco cessation education)
- Family planning

Women’s Health Care
- Contraceptive methods¹ (preferred agents)
  - Intrauterine devices (IUD)
  - Hormone contraceptive injections
  - Inserted contraceptive devices
  - Implanted contraceptive devices
  - Generic birth control

Breastfeeding support⁶
- Supplies and counseling for one year after delivery

Plan pays 100%

Subject to Deductible and Coinsurance

### Plan pays 100% (Prescription medications are covered under the prescription drug plan)

Subject to Deductible and Coinsurance

### Benefit Summary

As of the printing of this booklet, there is a pending sale of Lovelace Health Plan (LHP) to BlueCross BlueShield of New Mexico (BCBSNM). In the event this sale is finalized, employees who are enrolled on LHP will be notified and will be transitioned to BCBSNM. Regardless of the sale, the medical plan benefits outlined in this booklet will remain the same for the balance of 2014.
## Deductible

<table>
<thead>
<tr>
<th>Deductible</th>
<th>Annual Member Deductible (calendar year)</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Single</td>
<td>$250</td>
<td>$500</td>
</tr>
<tr>
<td></td>
<td>• Two-party</td>
<td>$500</td>
<td>$1,000</td>
</tr>
<tr>
<td></td>
<td>• Family</td>
<td>$750</td>
<td>$1,500</td>
</tr>
<tr>
<td></td>
<td>• The deductible does not apply to Preventive Care Services or Prescription Drugs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Copayments do not apply towards deductible.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Except for Preventive Care and those services where a copayment applies, the deductible must be met before benefit payment is made by the plan (coinsurance applies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• After each family member meets his or her individual plan deductible, the plan will pay a percentage of his or her claims and the member will pay applicable coinsurance until the out-of-pocket maximum is met.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• After the family plan deductible has been met, the plan will pay a percentage of each individual’s claims and the member(s) will pay applicable coinsurance until the out-of-pocket maximum is met.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Deductible amounts do not cross-accumulate between in-network and out-of-network.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Coinsurance

<table>
<thead>
<tr>
<th>Coinsurance</th>
<th>You pay 20% and the Plan pays 80% after the Annual Deductible is met</th>
<th></th>
<th></th>
</tr>
</thead>
</table>

## Out-of-Pocket Maximum

<table>
<thead>
<tr>
<th>Out-of-Pocket Maximum</th>
<th>Annual Out-of-Pocket Maximum</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Single</td>
<td>$2,250</td>
<td>$4,500</td>
</tr>
<tr>
<td></td>
<td>• Two-party</td>
<td>$4,500</td>
<td>$9,000</td>
</tr>
<tr>
<td></td>
<td>• Family</td>
<td>$6,750</td>
<td>$13,500</td>
</tr>
<tr>
<td></td>
<td>• The medical plan copayments, deductible and coinsurance apply to the out-of-pocket maximum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Prescription drug copayments or coinsurance do not apply to the medical plan out-of-pocket maximum.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• After each family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of that individual’s covered expenses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• After the family out-of-pocket maximum has been met, the plan will pay 100% of each family members’ covered expenses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Amounts do not cross-accumulate between in-network and out-of-network.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Type</td>
<td>In-network</td>
<td>Out-of-network</td>
<td></td>
</tr>
<tr>
<td>------------------------------------</td>
<td>---------------------------------------------</td>
<td>------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Out-Patient Diagnostic Testing</td>
<td>Advanced Radiology (i.e., PET, MRI, CT Scans) - Medically necessary outpatient imaging tests</td>
<td>In-network: $100 copay, then deductible and coinsurance</td>
<td>Out-of-network: $100 copay, then deductible and coinsurance</td>
</tr>
<tr>
<td></td>
<td>Other Laboratory</td>
<td>Plan pays 100%</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Other X-rays</td>
<td>Plan pays 100%</td>
<td></td>
</tr>
<tr>
<td>Hospital Services</td>
<td>Hospitalization - Includes room and board, inpatient physician care – physician visits, surgeon, anesthesiologist, laboratory tests and X-rays</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Inpatient Rehabilitation Services</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Observation Stay</td>
<td>Subject to Deductible and Coinsurance</td>
<td></td>
</tr>
<tr>
<td>Sleep Studies</td>
<td>Inpatient</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Sleep Labs (two nights)</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>Inpatient Surgery</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Outpatient Surgery</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Office Surgery</td>
<td>Included in office visit copay</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Urgent Care Services</td>
<td>Urgent Care Facility</td>
<td>$50 copay</td>
<td>$50 copay</td>
</tr>
<tr>
<td></td>
<td>Non-urgent follow-up care</td>
<td>Subject to place of service copay or coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Emergency Services</td>
<td>Emergency room / Emergency observation treatment - Hospital and Physician charges</td>
<td>$150 copay, then deductible and coinsurance</td>
<td>$150 copay, then deductible and coinsurance</td>
</tr>
<tr>
<td></td>
<td>Non-emergent follow-up care</td>
<td>Subject to place of service copay or deductible and coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Ambulance</td>
<td>Ambulance – Emergency</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>Air Transport</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Maternity Services</td>
<td>In-network</td>
<td>Out-of-network²</td>
<td></td>
</tr>
<tr>
<td>--------------------</td>
<td>------------</td>
<td>----------------</td>
<td></td>
</tr>
<tr>
<td>Physician/Midwife Services</td>
<td>$40 copay – initial visit only, then the plan pays 100%</td>
<td>Subject to Deductible and Coinsurance</td>
<td></td>
</tr>
<tr>
<td>• Delivery, prenatal and postnatal care</td>
<td>Copay based on place of service</td>
<td>Subject to Deductible and Coinsurance</td>
<td></td>
</tr>
<tr>
<td>Genetic Testing and Counseling</td>
<td></td>
<td>Subject to Deductible and Coinsurance²</td>
<td></td>
</tr>
<tr>
<td>Hospital Admission</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Routine nursery care for newborn</td>
<td>Plan pays 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• If mother is covered under the plan</td>
<td></td>
<td>Subject to Deductible and Coinsurance²</td>
<td></td>
</tr>
<tr>
<td>• Baby is covered from birth but must be enrolled in the medical plan as quickly as possible but no later than 60 days from date of birth</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extended stay charges for covered newborn</td>
<td>Subject to Deductible (on the mother) and Coinsurance</td>
<td>Subject to Deductible (on the mother) and Coinsurance²</td>
<td></td>
</tr>
<tr>
<td>• If baby is admitted to the hospital post-delivery</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Behavioral/Mental Health</th>
<th>In-network</th>
<th>Out-of-network²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient services</td>
<td>$25 office visit copay</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Inpatient Services²</td>
<td>Subject to Deductible and Coinsurance</td>
<td></td>
</tr>
<tr>
<td>Partial Hospitalization²</td>
<td></td>
<td>Subject to Deductible and Coinsurance²</td>
</tr>
<tr>
<td>• Two partial hospitalizations equal one inpatient day</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Substance Abuse</th>
<th>In-network</th>
<th>Out-of-network²</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outpatient services</td>
<td>$25 office visit copay</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Inpatient Services²</td>
<td>Subject to Deductible and Coinsurance</td>
<td></td>
</tr>
<tr>
<td>Partial Hospitalization²</td>
<td></td>
<td>Subject to Deductible and Coinsurance²</td>
</tr>
<tr>
<td>• Two partial hospitalizations equal one inpatient day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>------------</td>
<td>----------------</td>
</tr>
<tr>
<td><strong>Other Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Allergy Testing and Treatment</td>
<td>$40 office visit copay</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Allergy Injections only</td>
<td>Plan pays 100%</td>
<td></td>
</tr>
<tr>
<td>Allergy Extract preparation</td>
<td>Plan pays 100%</td>
<td></td>
</tr>
<tr>
<td><strong>Alternative Therapy</strong></td>
<td>$40 copay per visit</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>• Acupuncture, Chiropractic, Massage Therapy and Rolfing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Combined in-network and out-of-network maximum of 25 visits per calendar year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Autism Spectrum Disorders</strong></td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>• Diagnosis and treatment of autism spectrum disorder for members 19 years of age or younger (or under 22 years of age if still enrolled in high school)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• The habilitative and rehabilitative treatment of autism spectrum disorder through speech therapy, occupational therapy and physical therapy. Providers must be credentialed to provide such therapy.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Treatment must be prescribed by the member’s treating physician in accordance with a treatment plan, and must be preauthorized by Lovelace Health Plan or Presbyterian Health Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Maximum $36,000/calendar year; $200,000/lifetime (combined in-network and out-of-network)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Biofeedback</strong></td>
<td>$40 copay per visit</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>• For specified medical conditions only</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Cardiac Rehabilitation</strong></td>
<td>$40 copay per session</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td><strong>Pulmonary Rehabilitation</strong></td>
<td>$40 copay per session</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td><strong>Chemotherapy and/or Radiation Therapy</strong></td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td><strong>Dialysis</strong></td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
</tbody>
</table>

2014 APS Open Access Medical Plan Benefit Summary
<table>
<thead>
<tr>
<th>Other Services (continued)</th>
<th>Diabetes Coverage</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Office visit and diabetes education</td>
<td>Subject to place of service copay</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>• Diabetic medications</td>
<td>Refer to the prescription drug plan</td>
<td></td>
</tr>
</tbody>
</table>
|                            | • Diabetic supplies, equipment, appliances and services  
  • Prescribed by the attending physician  
  • Purchased through a Durable Medical Equipment (DME) provider | Plan pays 100% | |
|                            | Durable Medical Equipment (DME), orthopedic appliances, prosthetics and functional orthotics  
  • Medically Necessary services, supplies and devices  
  • Supplies limited to a 30-day supply during a 30-day period  
  • Rental benefits may not exceed the purchase price of a new unit  
  • Support hose limited to 6 pair (or 12 hose) per calendar year  
  • Mastectomy bras limited to 3 per calendar year | 20% coinsurance, deductible does not apply | Subject to Deductible and Coinsurance |
|                            | Hearing Aids | The plan pays 100% of the covered charges (including fitting and dispensing services) up to a maximum of $2,200 every 36 months per hearing impaired ear | |
|                            | • Coverage is limited to members 19 years of age or younger (or under 21 years of age if still enrolled in high school) | | |
|                            | Home Health Care  
  • Prescribed home physician services, nursing care and rehabilitative therapy | $40 copay per visit | Subject to Deductible and Coinsurance  
  (Out-of-network limited to 120 visits per calendar year) |
|                            | Hospice | | |
|                            | Bereavement counseling  
  • Limited to 3 sessions during the hospice benefit period | Subject to Deductible and Coinsurance | Subject to Deductible and Coinsurance |
|                            | Respite care  
  • Limited to 5 continuous days for each 60 days of Hospice care. No more than two respite stays allowed. | | |
<table>
<thead>
<tr>
<th>Other Services (continued)</th>
<th>Infertility related services</th>
<th>In-network</th>
<th>Out-of-network</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Test performed in a Laboratory</td>
<td>Copays based on place of service</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td></td>
<td>• Test performed in a Non-Specialist Physician’s office</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Test performed in a Specialist Physician’s office</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Refer to the Summary Plan Description for covered services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical, Occupational and Speech Therapy&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Combined in-network and out-of-network maximum of 60 visits per condition per calendar year</td>
<td>$40 copay per visit</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Skilled Nursing Facility&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Combined in-network and out-of-network maximum of 60 days per condition per calendar year</td>
<td>Subject to Deductible and Coinsurance</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Tobacco cessation&lt;sup&gt;3&lt;/sup&gt;</td>
<td>Lifetime maximum benefit payment of $500 includes hypnotherapy, acupuncture, related tests, and any counseling programs not eligible under Preventive Care Services</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Dental Services</td>
<td>For limited medical conditions only</td>
<td>Copay or Deductible and Coinsurance based on place of service</td>
<td>Subject to Deductible and Coinsurance</td>
</tr>
<tr>
<td>Pre-Existing Conditions</td>
<td>Pre-Existing Condition Limitation</td>
<td>Not applicable as of 1/1/2014</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Not applicable</td>
<td>Certain services are subject to calendar year and/or lifetime maximum or are limited per condition</td>
<td></td>
</tr>
<tr>
<td>Transplants&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Coverage for human organ transplants&lt;sup&gt;5&lt;/sup&gt;</td>
<td>Subject to Deductible and Coinsurance</td>
<td>No benefit (transplant services are covered in-network only)</td>
</tr>
<tr>
<td></td>
<td>• Case Management required</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Refer to Summary Plan Description for complete details on transplant coverage</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Maximums apply to covered travel and lodging services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Administered by Express Scripts. Call Express Scripts at 1-866-563-9297</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
1. The Patient Protection and Affordable Care Act (also known as Health Care Reform) requires health plans to cover specific Preventive Care Services, including Women's Preventive Care Services, at no cost to the member when the services are provided by an In-Network Participating Provider. Although these services are covered at no charge, the provider may charge a copayment for other services provided during the office visit. Additionally, some covered Family Planning services, including male vasectomies, continue to require member cost-sharing. If you have questions regarding the Preventive Care Services that are covered under this plan, including Family Planning Services, or your cost for these services, please refer to your Evidence of Coverage/Summary Plan Description, or contact Lovelace Health Plan or Presbyterian Health Plan at the phone number listed on your ID card. These services must be Medically Necessary as defined by the Summary Plan Description.

2. Pre-Admission Review and/or Prior Authorization is required; $300 penalty, reduction or denial may apply to facility services if the required Pre-Admission Review and/or Prior Authorization is not obtained.

3. This benefit includes an annual maximum payment, annual visit limitation, and/or a lifetime service limitation. See your Summary Plan Description for more information.

4. The Emergency Services copayment/deductible/coinsurance is waived if an inpatient hospital admission results; then the hospital admission deductible and coinsurance applies.

5. Transplants are covered In-Network only. Case Management Services for transplant patients must be obtained from Lovelace Health Plan or Presbyterian Health Plan at the phone number listed on your ID card.

6. Patients are responsible for copayments or deductible and coinsurance related to place of service, ancillary services, and additional procedures performed at the same time. Prior Authorization rules still apply.

7. If you choose to receive routine care from Out-of-Network providers, payments by the plan for Covered Services will be limited to Reasonable and Customary Charges. For care other than Emergency Care, you will be responsible for any balance due to the provider above Reasonable and Customary Charges.

**WOMEN’S HEALTH AND CANCER RIGHTS ACT NOTICE**

Special Rights Following Mastectomy: A group health plan generally must, under federal law, make certain benefits available to participants who have undergone a mastectomy. In particular, a plan must offer mastectomy patients benefits for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of mastectomy

Our Plan complies with these requirements. Benefits for these items generally are comparable to those provided under our Plan for similar types of medical services and supplies. Of course, the extent to which any of these items is appropriate following mastectomy is a matter to be determined by consultation between the attending physician and the patient. Our Plan neither imposes penalties (for example, reducing or limiting reimbursements) nor provides incentives to induce attending providers to provide care inconsistent with these requirements.
We are committed to helping you take charge of your health by providing you with health-wise information and resources to access care. We encourage you to explore our no-cost Healthy Steps programs and make use of the services and education provided.

1.877.232.1988
505.727.5488
se habla español or email us at APS.CustomerCare@lovelace.com (responses within 24 hours)

CUSTOMER CARE

For more information, please call

LOVELACE HEALTHLINK

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

GLOBAL EMERGENCY SERVICES

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

COMPLIMENTARY HEALTH SEMINARS

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

2014 APS Open Access Medical Plan
administered by Lovelace Insurance Company
Awards & Recognition

**LOVELACE MEDICAL CENTER**
- Named to Becker's Hospital Review's list of 100 Hospitals With Great Neurosurgery and Spine Programs for 2013

**LOVELACE WOMEN'S HOSPITAL**
- 2011 Zia Award from Quality New Mexico for Best in Class
- Named to Modern Healthcare's 100 Best Places to Work

**LOVELACE WESTSIDE HOSPITAL**
- 2012 Zia Award from Quality New Mexico for Best in Class
- Named to Modern Healthcare's 100 Best Places to Work
- Truven Health Analytics Top 100 Hospitals. The only hospital in New Mexico recognized for this honor.

coverage wherever you go!

**EXTENSIVE PHYSICIAN NETWORK ACROSS NEW MEXICO & BORDERING STATES**

**LOVELACE MEDICAL GROUP**
Lovelace Medical Group, including Southwest Medical Associates, is committed to providing quality, coordinated care in the communities served by our hospitals and health plans. With over 70 providers practicing in primary care, family medicine, bariatrics, and many other specialties, you can make your next doctor's appointment with us. Call 898.3030 to find a provider.

**CONTRACTED HOSPITALS**

**57 NEW MEXICO HOSPITALS**
- ACL Indian Hospital
- Alamo Health Center
- Albuquerque Indian Hospital
- Alta Vista Regional Hospital
- Artesia General Hospital
- Canoncito Community Clinic
- Carlsbad Medical Center
- Christus St. Vincent Hospital
- Cibola General Hospital
- Crownpoint Hospital
- Dan C Trigg Memorial Hospital
- Dulce Health Center
- Eastern New Mexico Medical Center
- Espanola Hospital
- Four Corners Regional Health Center
- Gallup IHS Hospital
- Gerald Champion Regional Medical Center
- Gila Regional Medical Center
- Guadalupe County Hospital
- Heart Hospital of New Mexico at Lovelace Medical Center
- Holy Cross Hospital
- Jemez Health Center
- Lea Regional Medical Center
- Lincoln County Medical Center
- Lovelace Medical Center
- Lovelace Regional Hospital - Roswell
- Lovelace Rehabilitation Hospital
- Lovelace Westside Hospital
- Lovelace Women's Hospital
- Memorial Medical Center
- Mescalero Indian Hospital
- Mimbres Memorial Hospital
- Miners Cofax Medical Center
- Mountain View Regional Medical Center
- Nor Lea Hospital

Northern Navajo Medical Center
PHC Los Alamos Medical Center
Physicians Medical Center Of Santa Fe LLC
Plains Regional Medical Center Clovis
Pueblo Pintado Clinic
Rehoboth McKinley Christian Hospital
Roosevelt General Hospital
San Juan Regional Medical Center
Sanostee Health Station
Santa Clara Health Center
Santa Fe Indian Hospital
Santo Domingo PHS Health Center
Sierra Vista Hospital
Socorro General Hospital
Toadlena Health Station
Union County General Hospital
University Hospital
UNM Carne Tingley Hospital
UNM Health Sciences Center
Zia Health Center
Zuni Indian Hospital

**ARIZONA HOSPITALS**
- Rosewood Ranch LP - Wickenburg

**COLORADO HOSPITALS**
- Mercy Medical Center – Durango

**OKLAHOMA HOSPITALS**
- Bailey Medical Center – Owasso, OK

**TEXAS HOSPITALS**
- Baptist St. Anthony - Amarillo
- Del Sol Medical Center – El Paso
- Grace Medical Center – Lubbock
- Las Palmas Medical Center – El Paso
extensive physician network across new mexico & bordering states
57 NEW MEXICO HOSPITALS INCLUDING THESE LOVELACE HOSPITALS:

**Lovelace Women’s Hospital**
Only hospital in New Mexico dedicated to women’s health.

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

**FAMILY BIRTHING CENTER**
- Prenatal classes
- Level III Neonatal Intensive Care Unit

**24/7 EMERGENCY CARE**

**NEW NATURAL BIRTHING CENTER**
- Water birthing

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**Lovelace Westside Hospital**
Loving care close to home.

**LOVELACE WOMEN’S HOSPITAL FAMILY BIRTHING CENTER AT WESTSIDE**
Lovelace Women’s Hospital Birthing Center at Lovelace Westside Hospital now gives expectant mothers in Rio Rancho and the Westside access to birthing services closer to home.

**BARIATRIC PROGRAM**

**SURGICAL SERVICES**

**RADIOLOGY SERVICES**

**24/7 EMERGENCY CARE**

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**Lovelace Rehabilitation Hospital**
Lovelace Rehabilitation Hospital is the only hospital in New Mexico accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) in six programs:
- Stroke Specialty Program
- Spinal Cord System of Care
- Inpatient Rehabilitation Programs
- Brain Injury Inpatient Rehabilitation Programs
- Outpatient Medical Rehabilitation Programs (Children)
- Outpatient Rehabilitation Programs (Adults)

We provide a full continuum of inpatient and outpatient care, including physical therapy, occupational therapy, speech and language pathology, rehabilitation nursing and case management services.

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**Lovelace Medical Center**

**24/7 EMERGENCY CARE**
- New 64-slice CT Scanner
- Technologically advanced operating rooms

**DEDICATED ORTHOPEDIC UNIT**
- Joint Commission Certification for Hip and Knee Replacements

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

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**Heart Hospital of New Mexico at Lovelace Medical Center**
The leader in heart care in New Mexico as ranked by the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey released by the U.S. Department of Health and Human Services.

**CARDIOLOGY**
- Cardiac Catheterization Labs
- Electrophysiology
- Valve repair and replacement
- TMR laser procedures
- Laser lead extraction
- Cardiothoracic Surgery
- Inpatient cardiac rehabilitation
- Stereotaxis Magnetic System for heart rhythm disorders

**SURGICAL SERVICES**
- Vascular and endovascular
- Valve repair/replacement
- Open heart surgery • Bypass surgery

**RADIOLOGY SERVICES**
- CT Scan
- Vascular Ultrasound
- Cardiac Echo
- Nuclear Medicine
- Ultrasound
- X-Ray

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**Lovelace Regional Hospital-Roswell**

**24/7 EMERGENCY CARE**

**FAMILY BIRTHING CENTER**

**SURGICAL SERVICES**

**ORTHOPEDICS**

**CARDIOLOGY**

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LOVELACE HEALTH PLAN DELIVERS NATIONAL WIDE NETWORK ACCESS UNDER THE MULTIPLAN PHCS NETWORK
800.950.7040 • multiplan.com
We are committed to helping you take charge of your health by providing you with health-wise information and resources to access care. We encourage you to explore our no-cost Healthy Steps programs and make use of the services and education provided.

**CUSTOMER CARE**
For more information, please call
505.727.5488
1.877.232.1988
se habla español or email us at APS.CustomerCare@lovelace.com (responses within 24 hours)

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

**BABY LOVE**
Health and support for a healthy pregnancy - 877.708.5777

**S.T.O.P.**
Stop Tobacco for Optimal Prevention - 877.480.9368

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

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

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

**CARE CONCIERGE**
Lovelace’s Care Concierge team assists new members in their transition from non-contracted providers and services to providers and vendors contracted with Lovelace-505.506.6661 or our toll-free number at 800.808.7363 and ask to speak to a Care Concierge.

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

**VIEW CLAIMS ONLINE**
Our website gives you easy access to your health plan information and provides you with wellness tools, such as our personal health coaches and health assessments. It’s a convenient and easy way to stay on top of all your health care coverage needs.

- View and verify eligibility information
- View claim information
- View explanation of benefits

**lovelacehealthplan.com**
Our website gives you easy access to your health plan information and provides you with wellness tools to stay on top of your health care needs.

**OUR WEBSITE ALLOWS LOVELACE HEALTH PLAN MEMBERS TO:**
- Find a Lovelace Health Plan provider
- E-mail Lovelace Health Plan’s Customer Care Center
- View explanation of benefits
- Watch wellness videos
- Print a temporary I.D. card
- View your benefit information for yourself and your family

Visit our website at lovelacehealthplan.com to help you and your family get healthy and stay healthy.

**NEW AND IMPROVED MEMBER WEBSITE**
Logging on is just a few clicks away.
1. Visit us online at lovelacehealthplan.com
2. Click on member access
3. Enter your user ID and password

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Employee Benefits Handbook 2014 ALBUQUERQUE PUBLIC SCHOOLS
Albuquerque Public Schools (APS) has partnered with Health Advocate, a third party wellness company to offer Wellness Services for APS employees, spouses and domestic partners who are enrolled on the APS medical plan. Health Advocate offers personalized help to make healthy lifestyle changes.

The best part of Health Advocate’s services is that they are all free to employees, spouses and domestic partners who are enrolled on the APS medical plan.

**Take advantage of your Wellness Program Features**

- **Enjoy** unlimited support from your Wellness Coach
- **Take** your confidential Personal Health Profile
  - A questionnaire that includes health and lifestyle related questions to establish a wellness report for each participant. This information provides education about your health status and includes suggestions for recommended lifestyle behaviors, along with some resources to help get you started.
  - Albuquerque Public Schools will only be provided with confirmation of your completion of the Personal Health Profile. Your results are kept confidential by Health Advocate and are not shared with APS.
- **Access** self-guided, online workshops and tutorials
- **Use** online progress trackers to help you meet your goals
- **Participate** in interactive competitions and campaigns
- **Access** educational tip sheets and recipes
- **Discounted** fitness memberships at participating GlobalFit vendors
  - APS employees are eligible for GlobalFit through our affiliation with Health Advocate
  - To find participating fitness vendors, go to [https://www.globalfit.com/club/search.asp](https://www.globalfit.com/club/search.asp)
  - To register, type “health” in the search box and then select “Health Advocate”
  - Search for participating vendors by Zip Code

**Always at Your Side**

- Health Advocate can be accessed 24/7. Normal business hours are Monday – Friday, between 8:00 a.m. and 9:00 p.m. eastern time. Staff is available for assistance after hours and on weekends.
- Your privacy is protected. The staff follows careful protocols and complies with all government privacy standards. Medical and personal information is kept strictly confidential.
By enrolling in one of the Albuquerque Public Schools medical plans, you are automatically covered under the prescription drug program administered through Express Scripts. This program offers you the flexibility to purchase your medications either at a participating pharmacy or through home delivery.

If you need a long-term medication, you may pay less over time by using Express Scripts home delivery pharmacy services. We’ll deliver up to a 90-day supply right to you – and standard shipping is free. Your doctor can also fax your prescription to Express Scripts by calling 888.327.9791 for faxing instructions. To learn more about your benefits, log in to Express-Scripts.com.

With Express Scripts, you’ll have access to:

- **Convenient home delivery services.** You’ll be able to have up to a 90-day supply of long-term medication delivered directly to you for one mail-order copayment. 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 Express-Scripts.com, or call Member Services toll-free at 866.563.9297.

- **Helpful resources on Express-Scripts.com.** You can order home delivery refills, check order status, compare medication costs, request order forms and envelopes, and access useful health and benefit information.

- **Express Scripts Member Services representatives.** Our representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas), to assist with questions about your benefits or orders.

### Copayment Structure:

<table>
<thead>
<tr>
<th>Medication Types</th>
<th>Participating Pharmacy</th>
<th>Home Delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Percent</td>
<td>Min.</td>
</tr>
<tr>
<td>Generic Drugs</td>
<td>20%</td>
<td>$8</td>
</tr>
<tr>
<td>Preferred Brand Formulary Drugs</td>
<td>30%</td>
<td>$25</td>
</tr>
<tr>
<td>Non-Preferred Brand Drugs</td>
<td>40%</td>
<td>$45</td>
</tr>
<tr>
<td>Days Supply:</td>
<td>Up to 34 consecutive days supply</td>
<td>Up to 90 consecutive days supply</td>
</tr>
<tr>
<td>Specialty Medications:</td>
<td>$100 copayment, with $1,000 calendar year out-of-pocket maximum for a 30-day supply of specialty medications. After reaching the $1,000 annual maximum, the copayments that apply for the remainder of the plan year are—$5 for Generics, $10 for Preferred Brands, and $24 for Non-Preferred Brands.</td>
<td></td>
</tr>
<tr>
<td>Insulin and diabetic supplies</td>
<td>$0 copayment</td>
<td></td>
</tr>
</tbody>
</table>

**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 doctor to be covered under the prescription plan.

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1 Includes the Medco Pharmacy® and the Express Scripts Pharmacy℠.
Medications Requiring Coverage Review (Prior Authorization): Express Scripts 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 necessary. 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 Express Scripts at 800.753.2851. If you need to know whether your prescription will require a coverage review (prior authorization), visit Express-Scripts.com or call Member Services at 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—Get individualized service through Accredo: Specialty medications are drugs that are used to treat complex conditions, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis, and rheumatoid arthritis. You are allowed up to a 30-day supply of a specialty medication. After the second fill of a specialty medication at a retail pharmacy, you will pay the entire cost if you use any pharmacy other than Accredo or Express Scripts home delivery pharmacy services.

Accredo, an Express Scripts specialty pharmacy is composed of therapy-specific teams that provide an enhanced level of individual service to patients with special therapy needs. Counseling, scheduled delivery, and safety checks are just a few of the services that Accredo provides.

You have a $100 copayment with a $1,000 out-of-pocket maximum for specialty medications. Once your out-of-pocket is met, please refer to the chart on the front to determine your copayment for generic, preferred, and non-preferred drugs. These copayments do not apply at a retail pharmacy if you have purchased your medication there more than two times.

If you are taking one of the following specialty medications, please contact Member Services immediately to make sure that there is no interruption in your therapy—Letairis®, Promacta®, Revlimid®, Sabril®, Thalomid®, Tysabri®, Xenazine®, Xiaflex®.

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 generic or brand-name medication is on the formulary list, you’ll pay the applicable copayment. However if your brand-name medication isn’t on the list and you decide to keep taking it, you’ll pay more for this medication.

There are a few changes to the formulary effective January 1, 2014. More information is available on the Express Scripts website.

Step Therapy Program: Your plan uses a coverage tool called step therapy, which requires you first to try one or more specified medications to treat a particular condition before your plan will cover another (usually more expensive) medication prescribed by your doctor. Step therapy is intended to reduce costs to you and your plan by encouraging the use of less expensive medications that may effectively treat your condition. If your doctor believes that you should use a certain medication that requires a coverage review, you or your doctor can request such a review. Your doctor can call toll-free 866.611.5948, 6:00 a.m. to 7:00 p.m., Mountain Time, Monday through Friday. To see which medications are affected by step therapy, visit Express-Scripts.com or call Member Services at 866.563.9297.

Immunization: Certain vaccines are covered at a $0 copayment under your prescription drug plan when administered by a certified retail pharmacist. These vaccines include DPT, MMR, tetanus/diphtheria, HPV, hepatitis A and B, shingles, meningococcal, varicella (chicken pox), influenza (flu), and pneumonia. To locate a certified pharmacist, please call Member Services at 866.563.9297.

Participating retail pharmacies for Short-term Prescriptions (such as, antibiotics): As a member, you can go to any of nearly 60,000 retail pharmacies, including most major drugstores. You can find participating pharmacies by logging onto Express-Scripts.com and clicking “Locate a pharmacy” or calling Member Services toll-free at 866.563.9297. Or, just ask your retail pharmacy if it participates in our network.
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 Albuquerque Public Schools 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 for a higher monthly premium.

2. Albuquerque Public Schools has determined that the prescription drug coverage offered by the Albuquerque Public Schools self-insured prescription drug plan administered by Express Scripts 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 and each year from October 15th to December 7th.

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, (and also keep your APS medical and prescription drug plan) your current Albuquerque Public Schools prescription drug plan coverage will not be affected; however, the Medicare Drug Plan may reimburse little, if any, of your prescription drug expenses.

If you do decide to join a Medicare drug plan and drop your current Albuquerque Public Schools prescription drug plan coverage, be aware that will also be dropping your Albuquerque Public Schools medical plan coverage. You and your dependents may have to wait until Open Enrollment to re-enroll for the Albuquerque Public Schools medical and prescription drug plan.
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 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 October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage

Contact the Albuquerque Public Schools Employee Benefits Department at (505) 889-4859. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Albuquerque Public Schools changes. You may also request a copy of this notice at any time.

For More Information about 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.

For more information about Medicare prescription drug coverage:

- 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).
Albuquerque Public Schools Dental Plan
Administered by Delta Dental of New Mexico

Network at a Glance

PPONew Mexico
Over 1,370 points of access statewide with more than 90% of specialist participation

Delta Dental PPO
Over 194,000 dentist locations nationally

Network Information

In Network Providers in New Mexico — PPONew Mexico

The Albuquerque Public Schools Dental Plan, administered by Delta Dental, features the PPONew Mexico Network, a preferred provider network with over 1,370 points of access in New Mexico. This network was designed to offer members savings based on provider discounts (maximum approved fees) while providing access to general dentists and specialists in every category. In addition, benefit levels are enhanced when a PPONew Mexico dentist is selected.

In-Network Providers in other states — Delta Dental PPO

When services are received outside New Mexico, the national provider network called Delta Dental PPO is considered in-network. Delta Dental PPO is a national preferred provider network with more than 194,000 locations nationwide.

Reduce your out-of-pocket costs by always selecting an in-network dentist. By selecting in-network providers, you are only responsible for your co-payment and deductible, if applicable, at the time services are received. No balance billing applies and your dentist will file claims on your behalf.

Delta Dental has multiple provider networks and not every dentist participates in every network. When asking a dentist if he or she participates with Delta Dental, make sure to specify the PPONew Mexico provider network (or Delta Dental PPO if outside New Mexico). Provider directories and a dentist search tool are also available at DeltaDentalNM.com in the Find a Dentist link.

Out of Network Providers

Dentists who are not considered in-network have not agreed to the provider fee maximums applicable under the dental plan. Out-of-pocket costs can be much higher because patients may be billed for the difference up to the full amount charged by the dentist. Reduced benefit levels also apply to out of network services and you may be responsible for filing your own claims.

Dental Plan Tips

✓ Individuals with certain at-risk medical conditions may qualify for additional cleanings and fluoride treatments. Talk with your dentist today about if and when treatment is right for you.

✓ Ask your dentist for a Pre-treatment Estimate when more costly procedures are anticipated. A Pre-treatment Estimate is an advanced estimate of benefits payable prior to dental services being received. There is no charge for this service.

✓ ID cards are not required to receive care. You can print one if you wish by logging into the Consumer Toolkit at www.deltadentalnm.com or simply provide the dentist with the APS employee’s information for benefit and eligibility verification.

Getting answers to your benefit and claims questions is now more convenient than ever.

Delta Dental’s automated voice response system is available 24/7.

- Benefit/eligibility verification
- Get an ID card by fax
- Provider directories (fax, voice or email)
- Check claim / pre-treatment estimate status

Contact Us

Phone:
(505) 855-7111 or (877) 395-9420 (Toll-free)

Email:
benefit-services@deltadentalnm.com

Web:
www.DeltaDentalNM.com

2500 Louisiana Blvd. NE Suite 600
Albuquerque, NM 87110

We do dental. Better.
### BENEFIT CATEGORY

#### Diagnostic and Preventive Services

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO New Mexico Dentist</th>
<th>Delta Dental Premier / Non Participating Dentist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Exams - two routine per calendar year</td>
<td>Plan Pays</td>
<td>Plan Pays*</td>
</tr>
<tr>
<td>Routine Cleanings - two per calendar year plus two additional for specified at-risk medical conditions</td>
<td>You Pay</td>
<td>You Pay*</td>
</tr>
<tr>
<td>Radiographic Image - full mouth-once every 5 years; bitewings 2 times per calendar year under age 15, 1 time per calendar over age 15</td>
<td>100% (No Deductible)</td>
<td>25% of Allowed Amount + 75% (Deductible Applies)</td>
</tr>
<tr>
<td>Fluoride Treatment - 2 times per calendar year under age 19</td>
<td>20% (Deductible Applies)</td>
<td>Any Amount Balanced Billed (Deductible Applies)</td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>80%</td>
<td>25% of Allowed Amount</td>
</tr>
<tr>
<td>Sealants – to prevent decay of permanent teeth</td>
<td>75%</td>
<td>Any Amount Balanced Billed</td>
</tr>
<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>0%</td>
<td>20%</td>
</tr>
</tbody>
</table>

#### Basic Services

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO New Mexico Dentist</th>
<th>Delta Dental Premier / Non Participating Dentist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings</td>
<td>100%</td>
<td>Not Covered You Pay 100%</td>
</tr>
<tr>
<td>Stainless Steel Crowns</td>
<td>0%</td>
<td>Not Covered You Pay 100%</td>
</tr>
<tr>
<td>Endodontic Services - root canals</td>
<td>20% (Deductible Applies)</td>
<td>75% Any Amount Balanced Billed (Deductible Applies)</td>
</tr>
<tr>
<td>Periodontal Maintenance – cleanings following periodontal therapy</td>
<td>80%</td>
<td>25% of Allowed Amount</td>
</tr>
<tr>
<td>Nonsurgical Periodontics - to treat gum disease</td>
<td>75%</td>
<td>Any Amount Balanced Billed</td>
</tr>
<tr>
<td>Simple Extractions - non-surgical removal of teeth</td>
<td>0%</td>
<td>20%</td>
</tr>
<tr>
<td>Re-lines and Repairs - to bridges, dentures, and implants</td>
<td>75%</td>
<td>20%</td>
</tr>
</tbody>
</table>

#### Major Services

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO New Mexico Dentist</th>
<th>Delta Dental Premier / Non Participating Dentist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oral Surgery Services – maxillofacial surgical procedures of the oral cavity, including surgical extractions</td>
<td>Not Covered You Pay 100%</td>
<td>Not Covered You Pay 100%</td>
</tr>
<tr>
<td>Surgical Periodontics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prosthodontic Services - bridges, dentures, and implants</td>
<td>Not Covered You Pay 100%</td>
<td>Not Covered You Pay 100%</td>
</tr>
<tr>
<td>Onlays, Crowns and Cast Restorations - when teeth cannot be restored with amalgam or composite resin restorations</td>
<td>Not Covered You Pay 100%</td>
<td>Not Covered You Pay 100%</td>
</tr>
</tbody>
</table>

#### Orthodontics

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO New Mexico Dentist</th>
<th>Delta Dental Premier / Non Participating Dentist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic, Active, Retention Treatment</td>
<td>Not Covered You Pay 100%</td>
<td>Not Covered You Pay 100%</td>
</tr>
</tbody>
</table>

#### Deductibles and Maximums

<table>
<thead>
<tr>
<th>Deductible</th>
<th>PPO New Mexico Dentist</th>
<th>Delta Dental Premier / Non Participating Dentist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>$50 limited to a maximum deductible of $150 per family</td>
<td></td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,250</td>
<td></td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum - in and out-of-network annual maximums cannot be combined</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

* In addition to reduced benefit levels, selecting a Delta Dental Premier or Non-participating Dentist may result in higher out-of-pocket expenses. Delta Dental Premier dentists may balance bill up to the Delta Dental Premier Maximum Approved Fees. Non-participating Dentists do not accept Delta Dental’s Maximum Approved Fees and may balance bill up to their full submitted amount.

This summary of dental benefits has been provided for illustrative purposes and does not provide a full list of coverages, limitations and exclusions. Please refer to your Dental Benefit Handbook for a full list of plan provisions.
## Albuquerque Public Schools Dental Plans

Administered by Delta Dental of New Mexico

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### BENEFIT CATEGORY

<table>
<thead>
<tr>
<th></th>
<th>Diagnostic and Preventive Services</th>
<th>Basic Services</th>
<th>Major Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oral Exams - two routine per calendar year</td>
<td>Fillings</td>
<td>Prosthodontic Services - bridges, dentures, and implants</td>
</tr>
<tr>
<td></td>
<td>Routine Cleanings - two per calendar year plus two additional for specified at-risk medical conditions</td>
<td>Stainless Steel Crowns</td>
<td>Onlays, Crowns and Cast Restorations - when teeth cannot be restored with amalgam or composite resin restorations</td>
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<tr>
<td></td>
<td>Radiographic Image - full mouth-once every 5 years; bitewings 2 times per calendar year under age 15, 1 time per calendar over age 15</td>
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</tr>
</tbody>
</table>

### Deductibles and Maximums

<table>
<thead>
<tr>
<th></th>
<th>PPONew Mexico Dentist</th>
<th>Delta Dental Premier / Non Participating Dentist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calendar Year Deductible</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Calendar Year Maximum</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum - In and out-of-network annual maximums cannot be combined</td>
<td>$1,500</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

* In addition to reduced benefit levels, selecting a Delta Dental Premier or Non-participating Dentist may result in higher out-of-pocket expenses. Delta Dental Premier dentists may balance bill up to the Delta Dental Premier Maximum Approved Fees. Non-participating Dentists do not accept Delta Dental’s Maximum Approved Fees and may balance bill up to their full submitted amount.

This summary of dental benefits has been provided for illustrative purposes and does not provide a full list of coverages, limitations and exclusions. Please refer to your Dental Benefit Handbook for a full list of plan provisions.
### Vision Care Plan Benefit Summary

<table>
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<tr>
<th>Services</th>
<th>In-Network</th>
<th>Out-of-Network</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eye Examinations</strong></td>
<td>Covered</td>
<td>You Pay</td>
<td>Any charge in excess of the allowed amount</td>
</tr>
<tr>
<td>- Every 12 months.</td>
<td>after copayment</td>
<td>$10.00</td>
<td>up to $35.00</td>
</tr>
<tr>
<td>- Including dilation as professionally indicated.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **Spectacle Lenses**      | Covered    | You Pay        | Any charge in excess of the allowed amount |
| - Every 12 months.        | after copayment | $15.00 for spectacle lenses and/or frames | up to $25.00 for single vision lenses, up to $40.00 for bifocals, up to $55.00 for trifocals, up to $80.00 for lenticulars, up to $110.00 for cosmetic contact lenses |

| **Frames**                | Covered    | You Pay        | Any charge in excess of the allowed amount |
| - Every 24 months.        | after copayment | $15.00 for standard, soft, daily-wear contact lenses or disposable* planned replacement contact lenses | up to $35.00 in excess of the copayment and/or frames allowed amount, up to $55.00 for trifocals, up to $80.00 for lenticulars |

| **Contact Lenses (Elective)** | Covered | You Pay | Any charge in excess of the allowed amount |
| - Every 12 months.           | after copayment | $0.00 for standard, soft, daily-wear contact lenses or disposable* planned replacement contact lenses | up to $110.00 for cosmetic contact lenses, up to $210.00 for medically necessary contact lenses |

*Disposable contact lens wearers will receive four multi-packs of lenses. Planned replacement contact lens wearers will receive two multi-packs of lenses.*

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

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

MS00332 9/7/11
Albuquerque Public Schools is very pleased to provide this information about your vision care plan administered by Davis Vision, Inc., a leading national administrator of routine vision care programs. Eligibility for vision care benefits is determined by the same rules that apply to your other health care benefits.

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

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

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

Who are the network providers?

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

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

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

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

What lenses/coatings are included?

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

Are there any optional lens types or coatings available?

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

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

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

When will I receive my eyewear?

Your eyewear will be delivered to your provider from the laboratory generally within two to five business days. More delivery time may be needed when out-of-stock frames, ARC (anti-reflective coating), specialized prescriptions or a participating provider’s frame is selected.
What about out-of-network provider benefits?
You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network. If you choose an out-of-network provider, you must pay the provider directly for all charges and then submit a claim for reimbursement to:

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

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

May I use the benefit at different times?
To maintain continuity of care, we recommend that all services be obtained at one time from either a network or an out-of-network provider.

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

More special features:

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 (Tele typewriter) 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.
Life, Accidental Death and Dismember (AD&D) and Long Term Disability (LTD) Insurance
For eligible employees of Albuquerque Public Schools

Albuquerque Public Schools (APS) knows that no two employees are alike. We all have different lifestyles, different family situations and, therefore, different benefit needs. With this in mind, APS offers a variety of life benefits options and a Long Term Disability (LTD) plan to help you and your family achieve financial security. The advantages to you and your loved ones include:

- **Choice** – You decide how much coverage you need from the range of amounts or plans available
- **Savings** – Typically group insurance rates are lower than the rates of individual insurance plans, generally providing you with coverage at a lower cost
- **Convenience** – With premiums deducted directly from your paycheck, you don’t have to worry about mailing monthly payments
- **Peace of Mind** – You can take comfort and satisfaction in knowing that you have done something positive for your family’s future

### Benefits at Glance

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Coverage</th>
<th>Who Pays the Premium?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Life and AD&amp;D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>$10,000</td>
<td>APS pays 100% of the cost</td>
</tr>
<tr>
<td><strong>Basic Dependents Life</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spouse</td>
<td>$5,000</td>
<td>Employee pays 100% of the cost</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$5,000</td>
<td></td>
</tr>
<tr>
<td><strong>Additional Life and AD&amp;D</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employee</td>
<td>Increments of $10,000 to $400,000</td>
<td>APS pays 50% of the cost</td>
</tr>
<tr>
<td>Spouse</td>
<td>Increments of $10,000 to $400,000</td>
<td>Employee pays 100% of the cost</td>
</tr>
<tr>
<td>Child(ren)</td>
<td>$10,000</td>
<td>Employee pays 100% of the cost</td>
</tr>
<tr>
<td><strong>Long Term Disability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Benefit Waiting Period</td>
<td>90 Days</td>
<td></td>
</tr>
<tr>
<td>Monthly Benefit</td>
<td>60% of first $8,333 of your Predisability Earnings reduced by Deductible Income</td>
<td>APS and the Employee share the cost of the LTD coverage</td>
</tr>
<tr>
<td>Maximum Benefit</td>
<td>$5,000 before reduction by Deductible Income</td>
<td></td>
</tr>
<tr>
<td>Minimum Benefit</td>
<td>$100</td>
<td></td>
</tr>
</tbody>
</table>

For answers to commonly asked questions, evidence of insurability requirements, costs, exclusions, limitations and reductions, please review the Additional Life and AD&D Insurance Booklet, Group Voluntary Long Term Disability Insurance Booklet and Certificates of Insurance at [www.standard.com/mybenefits/albpubschools/](http://www.standard.com/mybenefits/albpubschools/).

### Questions or Additional Information

For answers to any questions or more information about how to apply for these important coverages, please contact 888.609.9763 or access [www.standard.com/mybenefits/albpubschools/](http://www.standard.com/mybenefits/albpubschools/).
LifeSecure Insurance Company

Long Term Care Insurance
Plan-At-A-Glance

Standard Benefits

Benefit Bank

You choose an amount between $75,000 and $1,000,000.

Your Benefit Bank represents the lifetime dollar benefit amount available to you. Your Benefit Bank balance is reduced by any benefits paid to you or on your behalf.

Monthly Benefit Access Limit

You choose 1%, 2% or 3%* of your Benefit Bank.

Your Monthly Benefit Access Limit represents the dollar benefit amount available on a monthly basis for your long term care needs. The original dollar amount is calculated as a percentage of your Benefit Bank. The Monthly Benefit dollar amount cannot be less than $1,800.

*3% Monthly Benefit Access Limit not available for Benefit Bank amounts over $500,000.

<table>
<thead>
<tr>
<th>Benefit Bank</th>
<th>Access Limit</th>
<th>Monthly Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>$300,000</td>
<td>1%</td>
<td>$3,000</td>
</tr>
</tbody>
</table>

Benefit Payout Structure. When you become eligible for benefits, we will reimburse you for covered long term care expenses up to your full Monthly Benefit each calendar month. These covered expenses include care at home through a home care agency or independent provider, or in an assisted living facility, adult day care center or in a nursing home. Hospice care is also covered.

If you do not incur covered expenses up to your full Monthly Benefit for a given calendar month, 50% of your un-used monthly benefit will be available to you as a Flexible Benefit. The Flexible Benefit is not restricted by the definition of covered expenses. This benefit is designed to provide greater flexibility in the types of care, services and products available to you under this policy, such as: care provided by a family member or other informal caregiver, construction of a wheelchair access ramp, or installation of grab bars in your bathroom.

Guaranteed Future Purchase Offers

This feature is included in your coverage as a standard feature, unless you elect one of the optional inflation protection benefits described under Optional Benefits. Under the Guaranteed Future Purchase Offers, you will be offered the opportunity to increase your current Benefit Bank and Monthly Benefit by 15% every three years. You may accept each offer without submitting evidence of insurability.

Waiver of Premium

Your premiums are waived beginning on the first day you start receiving benefits. As long as you continue to receive benefits, additional premiums will not be required. Premium payments will again be required after 30 days of not receiving benefits.

Benefit Wait Period

You are eligible to begin receiving benefits upon completion of a 90-day Benefit Wait Period. This is a period of time during which you meet the benefit triggers for this coverage. You do not need to be receiving paid services in order to accumulate Benefit Wait Period days, and your Benefit Wait Period need only be met once during your lifetime.

LifeSecure Care Advisor Services

A LifeSecure Care Advisor is available to you and your family from the day you receive your policy. The LifeSecure Care Advisor can help you with everything from long term care questions to recommendations for assisted living facilities to arrangements for personal care or services.

Spouse or Domestic Partner Discounts

If you and your spouse or partner both apply and are accepted, a 30% premium discount will apply to both policies. If your spouse or partner does not apply, or is not accepted, a 10% discount will still apply to your policy.

For more information or to enroll in the Long Term Care Plan visit www.apsLTC.com or call (855) 558-1727.
Optional Benefits

Money-Back Promise Option
If you die while your policy is in force for 5 or more years, a percentage of the premiums (less benefits paid) is refunded to a beneficiary. The percentage of payback equals 25% of the premiums paid if death occurs in policy years 5–9; 50% in years 10–14; and 75% in years 15 and beyond. Your policy must be in force at the time of death for the Money-Back Promise Option benefits to be payable.

Automatic 5% Compound Inflation Protection Benefit
If you elect this option, we will automatically increase your Monthly Benefit and Benefit Bank by 5% each year. The increase will be effective on each anniversary of your policy effective date, even while you are receiving benefits.

Automatic 3% Compound Benefit Increase Option
If you elect this option, we will automatically increase your Monthly Benefit and Benefit Bank by 3% each year. The increase will be effective on each anniversary of your policy effective date, even while you are receiving benefits.

Lapse Protection Benefit
If your policy is in force for at least three full years, and then terminates due to non-payment of premium, this optional benefit allows you to retain a reduced paid-up amount of coverage. You will have a revised Benefit Bank equal to the greater of: (a) 100% of the sum of all premiums paid; or (b) one times your Monthly Benefit.

Our BudgetPointPricingSM tool can help you choose a plan! By entering your age and your own target premium, you can quickly and easily find the right plan that fits your personal budget.

Try it at www.YourLifeSecure.com under “Quote Calculator”.

Policy Limitations and Exclusions

Charges for care or services provided by a family member, as well as care or services for which no charge is made in the absence of insurance, are excluded under the reimbursable covered expenses portion of the policy. However, such care or services may be payable under the Flexible Benefit.

No benefits, including the Flexible Benefit, will be payable under the Policy for: a loss that occurs while this Policy is not in force; or an illness, treatment or medical condition that is due to war or act of war, whether declared or not; or an illness, treatment or medical condition that results from an attempt at suicide (while sane or insane) or an intentionally self-inflicted injury; or expenses for treatment or rehabilitation related to alcoholism or drug addictions; or expenses for services or items to the extent that such expenses are reimbursable under Title XVIII of the Social Security Act (Medicare), or would be so reimbursable but for the application of a deductible or coinsurance amount; or care or services, unless otherwise required by law, for which benefits are duplicated or provided under a governmental program (except Medicaid), any state or federal workers’ compensation, employer’s liability or occupational disease law, or any motor vehicle no-fault law; or care or services provided outside the United States of America, its territories or possessions, or Canada.

LifeSecure and the circular logo are trademarks of LifeSecure Insurance Company–Brighton, MI. Our long term care insurance product is underwritten by LifeSecure Insurance Company. This flyer is for illustrative purposes only and is not a contract. It is intended only to provide a general overview of our product and services. Availability of benefits, amounts, options and discounts may vary by state. Only the insurance policy can give actual coverage amounts, terms, conditions, limitations and exclusions. Refer also to the Outline of Coverage. This is an insurance solicitation. A licensed agent may contact you.

For more information or to enroll in the Long Term Care Plan visit www.apsLTC.com or call (855) 558-1727.
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.
403(b) RETIREMENT SAVINGS PLAN

THE KEY TO A SUCCESSFUL RETIREMENT: START EARLY!

The key to enjoying your retirement is to begin contributing to your retirement savings plan now and continue to contribute on a regular basis.

Your retirement years will be here before you know it and you want to enjoy them. You will be living longer and your needs will be greater than they are at present. There is no reason to face anxiety and confusion if you start today to anticipate your retirement needs and contribute to your savings plan.

The assets in your retirement savings plan are tax-sheltered; any income earned within the plan is not taxable until you withdraw the funds. Leaving the assets in the plan allows the funds to compound, meaning you earn interest on the interest.

WHY SAVE IF I HAVE A PENSION?

Your Retirement System may leave you short on your earnings if you rely only on it for post-retirement income. In this example, a teacher with 30 years of service and a $60,000 average income will get a maximum benefit of $42,300 upon retirement.

WHY SHOULD I CONTRIBUTE TO A 403(b) PLAN?

Fill in the Gap. As shown in the example above, employees receive a pension. However, this pension will not provide the members with a full salary upon retirement. Members need to make up this gap in salary by contributing to a retirement plan.

Lower Your Taxes. Immediate savings on current taxes as well as tax deferred growth and earnings.

Ease of Savings. Once you have enrolled in your 403(b), the funds come directly out of your paycheck on a regular basis.

One Stop. Make all account changes online including: Enrollment, Increase/Decrease Contributions, Loans, and Distributions.

ABOUT JEM RESOURCE PARTNERS

JEM Resource Partners (JEM) is an independent fee-based Third Party Administrator located in Austin, Texas specializing in the servicing of employee benefit plans for public school districts and other governmental employers. JEM offers administrative services for 125 Cafeteria Plans, 401(a) Plans, 403(b) Plans, FICA Alternative Plans, Accumulated Leave Plans, and 457 Plans. Currently JEM has well in excess of 200,000 employees under management with clients located nationwide. JEM Resource Partners specializes in high quality employee benefit services utilizing state of the art technology. In addition, JEM has experienced personnel that provide plan implementation guidance, ongoing plan compliance and maintenance for qualified and nonqualified plans. For more information, please visit the JEM Resource Partners Website at jemtpa.com. JEM is a subsidiary of TCG Group Holdings, LLP.

JEMTPA.COM 403(b) RETIREMENT SAVINGS PLAN

APS Flier 10-12
403(b) Plan Enrollment Instructions

1. Go to www.jemtpa.com to view the Approved Vendor list
   a. Click on “Plan Information” to access the approved vendor list
   b. Select the first letter of your employer from the navigation bar
   c. Select your employer
   d. Select “Plan Description,” click on 403(b) Vendor List

2. Select a 403(b) vendor from the approved vendor list
   a. Contact the 403(b) vendor to establish an account

3. After establishing your account, go to www.jemtpa.com to set up your salary deferral (contribution amount) and allocation (vendor to which you are contributing funds)
   a. Go to www.jemtpa.com
   b. Click on “Login” at the upper right corner
   c. From the navigation bar, select your employer
   d. Select the “403(b)” tab
   e. Select “Register”
   f. Enter the Plan Password from the Summary Plan Description
   g. Enter Social Security Number without dashes
   h. Select “Begin”

4. Upon entering the site, you will move through 3 steps:
   a. **Personal Information**
      - Enter your personal information and hit “Next”
   b. **Investment Election**
      - Click the box next to Employee Deferral
        i. Scroll down to your vendor and enter your contribution amount in the white box to the right
        Please note that the contribution amount is the amount you want deducted from your paycheck EVERY pay period, not the annual amount
        ii. Check the Authorization box at the bottom of the screen
        iii. Click “Next”
   c. **Confirmation**
      - Please confirm that all information is correct, including your Investment Election, and click “finish”

Congratulations, your Account has been created. Additionally, the contribution amount to be deducted from your pay check will be communicated with the District.

Please call JEM Resource Partners with any questions or concerns to help you set up your account.

JEM Resource Partners
Toll Free (800)943-9179
Toll Free Fax (888) 989-9247
Did you know...

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

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

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

- **No Withdrawal Penalty**
  Unlike 403(b) or 401(k) plans, the State’s 457 plan allows participants the ability to withdraw funds upon separation from service regardless of age and without any withdrawal penalties. Withdrawals will be taxed as ordinary income.

- **Low Administration Fee**
  A $13.00 administration fee is assessed quarterly, and there are no transaction fees, and no sales loads or commissions. Underlying management fees of the funds apply.

- **Well-Known Mutual Funds**
  A variety of well-known mutual funds are available, as well as a Self-Directed Brokerage Option (SDBO) available through Charles Schwab and Company (Member SIPC).

**Please consider the funds’ investment objectives, risks, and charges and expenses carefully before investing. The prospectus contains this and other important information about the investment company. Prospectuses are available by calling 866-827-NMEX (6639). Read the prospectus carefully before investing.**

- **Dedicated Service**
  Your local retirement specialist, Clayton Puckett, is available to talk with you face-to-face. He and our call center representatives are salaried and non-commissioned, with no auxiliary products to sell. They focus solely on you as an Albuquerque Public Schools Employee and the New Mexico Deferred Compensation Plan.

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

Remember, investing involves risk including possible loss of principal and there is no guarantee that investment objectives will be achieved.

**Contact Clayton for more information.**

Clayton Puckett
505-362-8814
pucketc1@nationwide.com
<table>
<thead>
<tr>
<th>Questions</th>
<th>Nationwide Deferred Compensation</th>
<th>403(b) Tax-Sheltered Annuity Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who is eligible to participate?</td>
<td>Employees of state and local government, including public school employees.</td>
<td>Employees of educational institutions and certain nonprofit organizations.</td>
</tr>
<tr>
<td>Are contributions tax-deferred?</td>
<td>Yes, for federal income taxes, but not for FICA or FUTA.</td>
<td>Yes, for federal income taxes, but not for FICA or FUTA.</td>
</tr>
<tr>
<td>What is the maximum I may contribute?</td>
<td>$17,500 in calendar year 2013.</td>
<td>$17,500 in calendar year 2013.</td>
</tr>
<tr>
<td>May I &quot;catch-up&quot; in a later year?</td>
<td>Age 50 or older catch-up contribution: $5,500 in CY2013. Special 457 Catch-up provision available within 3 years of retirement. These two provisions may not be used in the same year.</td>
<td>Age 50 or older catch-up contribution: $5,500 deferral in CY2013.</td>
</tr>
<tr>
<td>May I roll over money from other retirement accounts?*</td>
<td>Yes—-from a 457(b), 401(k), 403(b), or traditional IRA.</td>
<td>Contact your plan provider.</td>
</tr>
<tr>
<td>NOTE: If you reach age 59½, but have not separated from service, you can transfer your 403(b) plan account to your 457(b) plan account.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>May I roll over my retirement account to another type of retirement account, like an IRA? *</td>
<td>Yes—to a 457(b), 403(b), 401(k), or traditional IRA, upon leaving employment.</td>
<td>Yes—to a 457(b), 403(b), 401(k), or traditional IRA, upon leaving employment.</td>
</tr>
<tr>
<td>When may I withdraw money from my account without penalty?</td>
<td>1. When you separate from service, regardless of age. Withdrawals are taxed as ordinary income. 2. Age 70½, even if you continue to work. 3. If you qualify for a hardship withdrawal.</td>
<td>1. If you continue to work past age 59½ and the plan document allows this provision. 2. If you qualify for hardship withdrawal.</td>
</tr>
<tr>
<td>Must I elect my payout date when I leave employment?</td>
<td>No. Not only are your withdrawal options flexible, so is your payout date.</td>
<td>Contact your plan provider.</td>
</tr>
<tr>
<td>Does the plan permit a loan provision?</td>
<td>Yes. A $50 loan initiation fee applies.</td>
<td>Yes.</td>
</tr>
<tr>
<td>Are there coordination limits between plans?</td>
<td>No. You can contribute the maximum to each plan (assuming only one 457(b) plan).</td>
<td>No. You can contribute the maximum to each plan.</td>
</tr>
<tr>
<td>Are there surrender charges?</td>
<td>No. Nationwide does not charge a back-end sales load fee if you leave the plan.</td>
<td>Contact your plan provider.</td>
</tr>
<tr>
<td>Are there administrative account fees?</td>
<td>A $13.00 administration fee is assessed quarterly.</td>
<td>Contact your plan provider.</td>
</tr>
<tr>
<td>How can I access my account information?</td>
<td>Account access is available 24 hours a day, seven days a week at NewMexico457DC.com. Or call Clayton Pucket at 505-362-8854.</td>
<td>Contact your plan provider.</td>
</tr>
<tr>
<td>Are there sales commissions?</td>
<td>No. Nationwide Retirement Solutions does not pay commissions on the sales of its products or services.</td>
<td>Contact your plan provider.</td>
</tr>
<tr>
<td>What are my investment options?*</td>
<td>Nationwide provides a diversified lineup of well-known investment options and a Fixed Account option. A Self-Directed Brokerage Option account available through Charles Schwab and Co., Member SIPC, is available, as are two bank products.</td>
<td>Contact your plan provider.</td>
</tr>
</tbody>
</table>

Visit NewMexico457DC.com or call 866-827-NMEX (6609) to request plan highlights or prospectuses. Before investing, carefully consider the fund's investment objectives, risks and charges and expenses. The fund prospectus contains this and other important information. Read the prospectus carefully before investing.

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


Federal and state income tax laws are complex and subject to change. The information is based on current interpretations of the law and is not guaranteed.
New Mexico Educators Federal Credit Union began as Albuquerque Public Schools Federal Credit Union in 1936. Ever since then, New Mexico Educators FCU has offered financial services to APS employees and their family members.

As an APS employee benefit, you and your family are eligible to join the Credit Union. You’ll have access to affordable financial services and all the current information you need to make positive financial decisions. Join New Mexico Educators FCU and experience “The Power of WE.” Visit nmefcu.org for a complete list of hours, services, and locations.

MEMBERSHIP
Start your membership today and strengthen our partnership. It’s easy to become a member. Stop by any branch or go to nmefcu.org’s online application and follow the instructions to become a member today. You can open your membership savings account with as little as $5.

EXCLUSIVE PROGRAMS
New Mexico Educators FCU returns earnings to member-owners through better rates, fewer fees, and exclusive programs.

EARN YOUR RETURN
You earn returns for your financial relationships with your Credit Union. The more you participate, the more you earn. Visit nmefcu.org for details and to calculate your return.

COMMUNITY REWARDS
Earn cash rewards for signature-based purchases with your Visa® Debit Card. New Mexico Educators FCU also contributes a cash reward to the community and category of your choice.

APS DIRECT DEPOSIT INSTITUTION OF CHOICE
Open your membership with as little as $5 and have your pay deposited directly into your account.

CREDIT UNION/APS PARTNERSHIP
As a member and APS employee, you can benefit from the Credit Union’s practical information, useful teaching tools and financial workshops for you, your students, and their families.

TEACHER FINANCIAL CAPABILITY CURRICULUM
This groundbreaking curriculum goes beyond basic financial knowledge (or literacy) by providing students with the tools needed to make educated financial choices and positively influence their financial behavior (or capability). Your students will gain financial knowledge and learn the skills needed to create financial plans, effectively manage their money, and become knowledgeable financial consumers to maximize their opportunities in education and the workforce. New Mexico Educators FCU’s Financial Capability Curriculum is the only financial curriculum in New Mexico aligned with Common Core Standards.

EMPLOYEE FINANCIAL WELLNESS WORKSHOPS
Attend monthly financial literacy workshops on topics such as Setting a Budget, Knowing and Improving your Credit Scores, How to Save for the Long Term, Family Finances, and more.
SEEDS OF LEARNING TEACHER GRANTS
Supported by the Credit Union’s Community Rewards program, APS Education Foundation Seeds of Learning was designed years ago to help classroom teachers enhance and update curriculum, access needed materials and supplies for classroom activities, and bring to life your great ideas for teaching and learning.

CLASSROOM FINANCIAL LITERACY WORKSHOPS
Free financial education workshops, financial planning, and counseling for your students in the classroom. Also, throughout the year, your Credit Union offers educational evening workshops at our Albuquerque Training Center. There is no cost or obligation for attending these workshops.

PARENT UNIVERSITY
Parent University, a pilot program is designed to give our parents and caretakers a little extra guidance for educational success. The Parent University is meant to help parents meet today’s expectations and demands by better understanding and navigating public education. Parent University “students” attend monthly sessions that cover a wide variety of subjects ranging from graduation requirements to nutrition.

LOCATIONS & HOURS
BRANCH HOURS
Mon. - Thur. 9 a.m. - 5 p.m.
Fri. 9 a.m. - 6 p.m.
Sat. 9 a.m. - 1 p.m. *

ALBUQUERQUE • 505-889-7755
COTTONWOOD * - Drive-up available
10090 Coors NW, 87114

JUAN TABO - Drive-up available
2801 Juan Tabo NE, 87112 south of Candelaria

KIRTLAND - H Street and Pennsylvania, Bldg 20392
Mon. - Fri. 9 a.m. - 5 p.m.
(Restricted Access)

LADERA * - Drive-up available
3205 Coors NW, 87120 (Ladera Center)

MONTGOMERY * - Drive-up available
7517 Montgomery NE, 87109 west of Pennsylvania

NORTH VALLEY * - Drive-up available
6125 Fourth Street NW, 87107 at Guadalupe

PASEO DEL NORTE * - Drive-up available
8321 Palomas NE, 87122 at the corner of Paseo & Barstow

SOUTH VALLEY * - Drive-up available
3600 Coors SW, 87121 south of Rio Bravo

UNIVERSITY - Drive-up available
1801 Lomas NE, 87106 east of University Blvd.

UNM CAMPUS
Student Union Building, lower level
Mon. - Fri. 9 a.m. - 5 p.m.

UPTOWN * - Drive-up available
6501 Indian School NE, 87110 west of Louisiana

RIO RANCHO • 505-889-7755
ENCHANTED HILLS * - Drive-up available
7840 Enchanted Hills, 87144 west of Hwy. 528

SANTA FE • 505-467-6000
Drive-up available
1710 St. Michaels Drive, 87505

SOCORRO • 575-835-1522
108 N. California, 87801

TAOS • 575-776-2703
630 Paseo del Pueblo Sur, 87571

VALENCIA * • 505-889-7755
Drive-up available
320 Main St., Los Lunas, 87031 (at Luna)

The Power of WE.
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EMPLYEE ASSISTANCE PROGRAM (EAP)

A no cost benefit to APS Employees

The Employee Assistance Program (EAP) is an employee benefit of Albuquerque Public Schools. The EAP is a confidential workplace-focused resource that aids employees and their eligible family members who need professional assistance with problems and concerns. Such problems are often connected to alcohol, substance abuse, significant stressors related to work, grief and loss, relationships, trauma and family difficulties, etc. The EAP is intended to return employees to full productivity by helping them address and resolve these issues.

Services include:

- The EAP staff provides assessment, triage, brief treatment, referrals, and follow up with employees. The EAP staff assesses the client, determines appropriate treatment and refers to community resources if appropriate.
- Staff facilitates and monitors employee participation in the Sick Leave Bank and medical leave. The EAP staff also assists employees who are returning to work following a leave.
- Crisis intervention services are provided as needed.
- Mediation and conflict resolution services are provided through consultation with supervisors as well as a one-to-one confidential mediation process for employees.
- The EAP also provides workshops and training regarding health and wellness issues (e.g., stress management, communication skills, aging parents, etc.) as well as mental health issues (e.g., job-related issues, emotional distress, dealing with difficult people, communication skills, etc.).
- EAP staff provides consultations to supervisors and departments on issues related to workplace conflicts, team building, organizational issues, mental health, troubled employees, and other issues affecting work performance.

For assistance, contact the EAP at 884-9738 to schedule an appointment to meet with a therapist. Your contact with the EAP is confidential and protected by the laws and regulations regarding private, confidential communications with mental health professionals.

The program is open from 8:00 a.m. until 6:00 p.m., Monday through Thursday, and 8:00 a.m. until 5:00 p.m. on Fridays. We are located in the APS City Center building, 6400 Uptown Blvd. NE, Suite 480 West.
Employee Benefits
Handbook

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

Thank You to Our Sponsors!

- Presbyterian
- Lovelace Insurance Company
- HealthAdvocate
- Express Scripts
- Delta Dental
- Davis Vision
- The Standard
- LifeSecure
- Jem Resource Partners
- New Mexico Deferred Compensation Plan
- New Mexico Educators Federal Credit Union

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