City of Las Cruces
PEOPLE HELPING PEOPLE

Employee Benefits

Benefits Program Coordinator: Trudy Govers
Human Resources Department
tgovers@las-cruces.org (575) 528-3104

What Is COBRA Continuation Coverage?

The Consolidated Omnibus Budget Reconciliation Act (COBRA) requires most group health plans to provide a temporary continuation of group health coverage that otherwise might be terminated.

COBRA requires continuation coverage to be offered to;

covered employees:

- spouses,
- former spouses,
- dependent children
- death of a covered employee
- termination
- reduction in the hours
- divorce or legal separation
- child's loss of dependent status

For detailed information please visit www.las-cruces.org

City of Las Cruces®
PEOPLE HELPING PEOPLE

Affordable Health Care Act

On March 23, 2010, President Obama signed the Patient Protection and Affordable Care Act (ACA). Along with the Health Care and Education Reconciliation Act of 2010, the law put in place comprehensive health insurance reforms. The law makes preventive care—including family planning and related care—more accessible and affordable for many Americans.

For detailed information please visit www.las-cruces.org

HIPAA Privacy Rule and Protected Health Information (PHI)

National health information privacy standards have been issued by the U.S. Department of Health and Human Services (DHHS), pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The regulations provide protection for the privacy of certain individually identifiable health data, referred to as protected health information (PHI).

The Privacy Rule:

Gives patients more control over their health information; sets boundaries on the use and release of health records;

- Establishes appropriate safeguards that the majority of health-care providers and others must achieve to protect the privacy of health information;
- Enables patients to make informed choices based on how individual health information may be used;
- Enables patients to find out how their information may be used and what disclosures of their information have been made;
- Generally limits release of information to the minimum reasonably needed for the purpose of the disclosure;
- Generally gives patients the right to obtain a copy of their own health records and request corrections; and
- Empowers individuals to control certain uses and disclosures of their health information.

Get the best in eye care and eyewear with CITY OF LAS CRUCES and VSP® Vision Care.

Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions.
- **Choice of Providers.** The decision is yours to make—choose a VSP doctor, a participating retail chain, or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

VSP Group: #30045425
VSP Provider Network: VSP Signature

Register at: www.vsp.com
(800) 877-7195

VSP® Vision care for life

Your VSP Vision Benefits Summary

CITY OF LAS CRUCES, group# 30045425 and VSP provide you with an affordable eyecare plan.

Benefit	Description	Copay	Frequency
	Your Coverage with a VSP Provider		
WellVision Exam	• Focuses on your eyes and overall wellness	$10	Every calendar year
Prescription Glasses		$15	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • $70 allowance at Costco • 20% savings on the amount over your allowance	Included in Prescription Glasses	Every other calendar year
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every calendar year
Lens Enhancements	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 35-40% on other lens enhancements	$50 $80 - $90 $120 - $160	Every calendar year
Contacts (instead of glasses)	• $110 allowance for contacts and contact lens exam (fitting and evaluation) • 15% savings on a contact lens exam (fitting and evaluation)	$0	Every calendar year
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	$20	As needed

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VSP®
Vision care for life

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Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	$20	As needed
Extra Savings	**Glasses and Sunglasses** • Extra $20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% from any VSP provider within 12 months of your last WellVision Exam. **Retinal Screening** • No more than a $39 copay on routine retinal screening as an enhancement to a WellVision Exam **Laser Vision Correction** • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities • After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam.....up to $35	Single Vision Lenses.....up to $25	Lined Trifocal Lenses.....up to $55	Contacts.....up to $110
Frame.....up to $35	Lined Bifocal Lenses.....up to $40	Progressive Lenses.....up to $40	

Coverage with a participating retail chain may be different. Once your benefit is effective, visit vsp.com for details.
Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

VSP Group: #30045425
VSP Provider Network: VSP Signature

Register at: www.vsp.com
(800) 877-7195

VSP® Vision care for life

City of Las Cruces®
PEOPLE HELPING PEOPLE

Vision

VSP – Vision Service Plan* (100% employee paid)

Coverage	Employee per Pay Period
Employee Only	$2.01
Employee +Spouse (DP)	$4.02
Employee + Child(ren)	$5.15
Family	$8.22

VSP Group: #30045425
VSP Provider Network: VSP Signature

Register at: www.vsp.com
(800) 877-7195

VSP® Vision care for life

Get the best in dental care with CITY OF LAS CRUCES and Delta Dental of New Mexico.

Plan Highlights:

- **Benefit Year**: January 1 – December 31.
- **Deductible**: $50 deductible per member per Benefit Year limited to a maximum deductible of $150 per family per benefit year.
- **Maximum Benefit Amount**: $1,750 per member per Benefit Year.
- **Lifetime Ortho Benefit Amount**: $2,000 per member total per Lifetime.

Register at: www.deltadentalnm.com
(877) 395-9420
Delta Dental NM Group: #8548-0001
Preferred Provider Network (PPO)

DELTA DENTAL®

Covered Services:

	PPONew Mexico Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist*	Non-participating Dentist*
	Plan Pays	Plan Pays	Plan Pays*	Plan Pays*
Diagnostic & Preventive				
Diagnostic and Preventive Services – exams, cleanings, topical fluoride, and space maintainers	100%	100%	100%	100%
Emergency Palliative Treatment – to temporarily relieve pain	100%	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%	100%
Radiographs – images	100%	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%	100%
Basic Services				
Minor Restorative Services – fillings and crown repair	80%	80%	55%	55%
Endodontic Services – root canals	80%	80%	55%	55%
Periodontic Services – to treat gum disease	80%	80%	55%	55%
Oral Surgery Services – extractions and dental surgery	80%	80%	55%	55%
Other Basic Services – misc. services	80%	80%	55%	55%
Adjustments and Repairs – to dentures, bridges, and implants	80%	80%	55%	55%

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(877) 395-9420
Delta Dental NM Group: #8548-0001
Preferred Provider Network (PPO)

DELTA DENTAL®

Covered Services:

	PPONew Mexico Dentist	Delta Dental PPO Dentist	Delta Dental Premier Dentist*	Non-participating Dentist*
	Plan Pays	Plan Pays	Plan Pays*	Plan Pays*
Major Services				
Major Restorative Services – crowns	60%	60%	35%	35%
Relines and Rebases –dentures	60%	60%	35%	35%
Prosthodontic Services – bridges, dentures, and implants	60%	60%	35%	35%
TMD Treatment – medically necessary treatment of the disorder of the temporomandibular joint, including diagnostic imaging	50%	50%	50%	50%
Orthodontic Services				
Orthodontic Services – braces	75%	75%	75%	75%
Orthodontic Age Limit –	**No Age Limit**	**No Age Limit**	**No Age Limit**	**No Age Limit**

** Selecting a non-participating Dentist may result in higher out-of-pocket expenses. Non-participating Dentists do not accept Delta Dental's Maximum Approved Fees.*

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(877) 395-9420
Delta Dental NM Group: #8548-0001
Preferred Provider Network (PPO)

DELTA DENTAL®

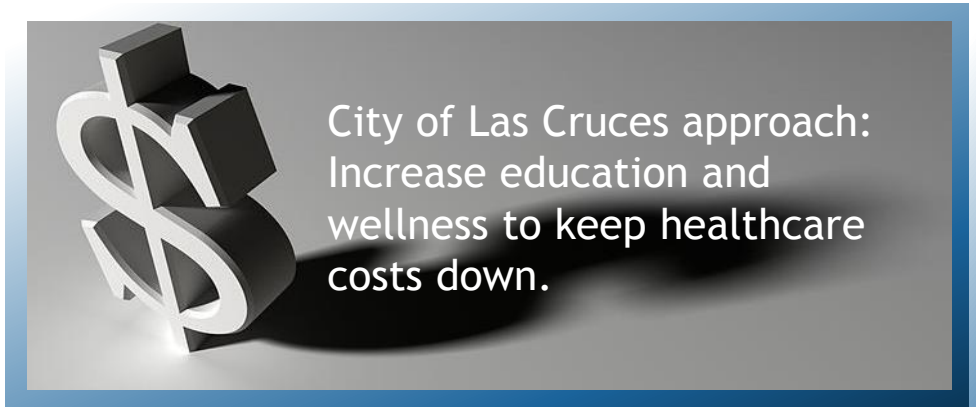
City of Las Cruces®
PEOPLE HELPING PEOPLE

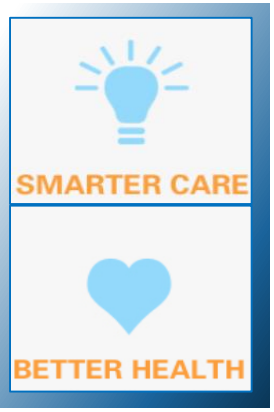
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	$4.89	$7.34
Employee +Spouse (DP)	$9.27	$13.91
Employee + Child(ren)	$12.32	$18.48
Family	$18.84	$28.27

Register at: www.deltadentalnm.com
(877) 395-9420
Delta Dental NM Group: #8548-0001
Preferred Provider Network (PPO)

DELTA DENTAL®

Get the best in medical and prescription care coverage with CITY OF LAS CRUCES and Blue Cross and Blue Shield of New Mexico.





Value-Based Care: Smarter Care for Better Health

The value-based care models are designed to:

- Reward doctors and hospitals when they help members improve their health
- Focus on quality that may lower employer group health care costs
- Improve the health care experience for members
- Increase collaboration among health care providers

Blue Cross and Blue Shield of New Mexico

City of Las Cruces PPO

Plan Highlights

PPO Benefits – There is no lifetime maximum benefit. However, certain services have maximum annual limits. See below.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider**[1]
Annual Deductible – All services are subject to deductible unless noted otherwise.	$700/Individual $1,400/Two-Person $2,100/Family	$2,800/Individual $5,600/Two-Person $8,400/Family
Annual Out-of-Pocket Limit – Includes medical deductible, coinsurance, copayments and prescription drug copayments; NOT penalty amounts, or noncovered charges.[2]	$3,500/Individual $7,000/Two-Person $10,500/Family	$7,000/Individual $14,000/Two-Person $21,000/Family
Primary Preferred Provider* Office Visit and initial office visit to diagnose pregnancy	$30 copay/visit (deductible waived)	50% coinsurance
Mental Health and Chemical Dependency (outpatient/office)	$30 copay/visit (deductible waived)	50% coinsurance
Specialist Provider Office Visit and initial office visit to diagnose pregnancy	$50 copay/visit	50% coinsurance
Office Surgery (including casts, splints, and dressings)	Office Visit (OV) Copay	50% coinsurance
Allergy Injections, Tests, Serum	Office Visit (OV) Copay	50% coinsurance
Preventive Services Routine Adult Physicals and Gynecological Exams, Well-Child Care; Routine Vision or Hearing Screenings, Related Testing (includes routine Pap tests, lab and x-rays, cholesterol tests, urinalysis, etc.), Routine Colonoscopies (outpatient/office), Smoking/Tobacco Cessation Counseling, and Immunizations	No Charge (deductible waived)	50% coinsurance (deductible waived)

Preferred Provider Option = In or Out of the BCBS Network

Blue Cross and Blue Shield of New Mexico

City of Las Cruces®
PEOPLE HELPING PEOPLE

Preferred Provider Option*

PPO		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	$78.73	$112.47
Employee +Spouse (DP)	$157.46	$224.94
Employee + Child(ren)	$149.59	$213.69
Family	$228.32	$326.17

**Choosing a higher deductible = you pay a lower premium*

Register at: www.bcbsnm.com
(800) 432-0750
Blue Cross Blue Shield NM Group: #122165
Preferred Provider Network (PPO)

Blue Cross and Blue Shield of New Mexico

City of Las Cruces EPO*

Plan Highlights

EPO Benefits – This plan does **not** cover services received from nonpreferred providers, except in an emergency.	**Member's Share of Covered Charges From a Preferred Provider**
Annual Deductible – All services are subject to deductible unless noted otherwise.	$300/Individual - $600/Two-Person - $900/Family
Annual Out-of-Pocket Limit - Includes medical deductible, coinsurance, copayments, and prescription drug copayments; NOT penalty amounts, or noncovered charges [2]	$3,500/Individual - $7,000/Two-Person - $10,500/Family
Lifetime Maximum Benefit	Unlimited; certain services have calendar year or benefit period limitations, as listed below.
Primary Preferred Provider (PPP) Office Services *	$20copay/visit (Deductible waived)
Office Visit**, Medication Management **	
Office Surgery (including casts, splints, and dressings)	
Mental Health/Chemical Dependency Services (outpatient/office)	
Specialty Physician Office Services	$40 copay/visit
Office Visit**, Medication Management**, Office Evaluations**	
Office Surgery (including casts, splints, and dressings)	
Preventive Care (Outpatient/office adult medical care/routine exams; well child care; routine lab and x-rays, vision and hearing screening; mammogram, routine colonoscopy)	No Charge (Deductible waived)

Exclusive Provider Option = In Network

Blue Cross and Blue Shield of New Mexico

City of Las Cruces®
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Exclusive Provider Option*

EPO		
Employee Only	$86.49	$123.56
Employee +Spouse (DP)	$172.99	$247.12
Employee + Child(ren)	$164.34	$234.77
Family	$250.83	$358.33

**Staying in the BCBS Network = lower deductibles*

Register at: www.bcbsnm.com
(800) 432-0750
Blue Cross Blue Shield NM Group: #122165
Exclusive Provider Network (EPO)

Blue Cross and Blue Shield of New Mexico

City of Las Cruces HDHP

Plan Highlights - $1,400 Plan

HDHP Benefits – There is no lifetime maximum benefit. However, certain services have maximum annual limits.	**Member's Share of Covered Charges**	
	Preferred Provider[1]	**Nonpreferred Provider[1]**
Individual Annual Deductible	$1,400	$2,800
Family Annual Deductible: Aggregate: All family members services apply to the Family Deductible. Once the entire Family Deductible is met; then all family members service's apply coinsurance benefits.	$2,800	$5,600
Annual Out-of-Pocket Limit (Includes deductible, coinsurance, and prescription drugs only - NOT penalty amounts or noncovered charges.)[2]	$4,000/Individual Coverage $8,000/Family Coverage	$8,000/Individual Coverage $16,000/Family Coverage
Office Services (nonroutine)	20% coinsurance	50% coinsurance
Office Visit/Exams/Consultations	20% coinsurance	50% coinsurance
Allergy Injections, Tests, Serum	20% coinsurance	50% coinsurance
Office Surgery (including casts, splints, and dressings)	20% coinsurance	50% coinsurance
Mental Health and Chemical Dependency (outpatient/office)	20% coinsurance	50% coinsurance
Preventive Services Routine Adult Physicals and Gynecological Exams, Related Testing (includes routine Pap tests, mammograms, cholesterol tests, urinalysis, etc.), Routine colonoscopies (outpatient/office), Immunizations, Well-Child Care; and Routine Vision or Hearing Screenings;	No Charge (Deductible waived)	50% coinsurance

High Deductible Health plan = Health Savings Account (HSA)

Blue Cross and Blue Shield of New Mexico

City of Las Cruces®
PEOPLE HELPING PEOPLE

High Deductible Health Plan*

HDHP		
Employee Only	$66.54	$97.85
Employee +Spouse (DP)	$133.08	$195.70
Employee + Child(ren)	$126.42	$185.91
Family	$192.96	$283.76

**HDHP = in or outside of the BCBS Network*
The high deductible is the only plan where you can have a Health Savings Account (HSA). Contact Blue Cross and Blue Shield for more information.

Register at: www.bcbsnm.com
(800) 432-0750
Blue Cross Blue Shield NM Group: #122167
High Deductible Health Plan (HDHP)

Blue Cross and Blue Shield of New Mexico

City of Las Cruces®
PEOPLE HELPING PEOPLE

	Unrepresented	Blue Collar Union	Police	Fire
Stand-by Pay	Non-exempt positions	Certain Positions	Certain Positions	Certain Positions
Callback Pay	Non-exempt positions	Certain Positions	Certain Positions	Certain Positions
Holidays	11 days	11 days	11 days	11 days
Annual Leave 1 – 3rd Year 4th-10th Years 11+ Years	 80 hours 120 hours 160 hours	 80 hours 120 hours 160 hours	Uniformed 80 hours 120 hours 160 hours	Uniformed 112 hours 168 hours 224 hours
Sick Leave	12 days	12 days	12 days	16.9 days
Personal Day	16 Hours	16 Hours	8 Hours	24 Hours 56-hour (non-union) 16 hours 40-hour
Jury Duty Leave	Yes	Yes	Yes	Yes
Military Leave	15 days	15 days	15 days	15 days
Bereavement Leave	3 days	3 days	3 days	48 Hours (56 Hr) 3 days (40 Hr)
New Mexico Retiree Health Care Authority (NMRHCA). Contribution Bi-weekly. All PERA eligible employees must contribute.	Employee 1.000% City 2.000%	Employee 1.000% City 2.000%	Employee 1.250% City 2.500%	Employee 1.250% City 2.500%
Liability Insurance	Yes	Yes	Yes	Yes
Merit Increases	Merit Plan	Per Union Contract	Per Union Contract	Per Union Contract
P.E.R.A. (Employee % / Employer %)	8.65 / 15.55 Plan 3	12.15 / 12.05 Plan 3	15.05 / 21.65 Sworn 11.8 / 24.9 Non-Sworn Plan 5	14.9 / 24.45 represented 13.7 / 25.65 unrep. Plan 5
Social Security	Yes (6.20%)	Yes (6.20%)	No	No
Medicare	Yes (1.45%)	Yes (1.45%)	Yes (1.45%)	Yes (1.45%)
Unemployment Insurance	Yes	Yes	Yes	Yes
Uniforms	No	Yes	Yes	Yes
Deferred Compensation Plan	Optional	Optional	Optional	Optional
Sick Leave Bank	Voluntary Donation - Up to 12 weeks withdrawal	Voluntary Donations - Up to 12 weeks withdrawal	Voluntary Donations Up to 12 weeks withdrawal	Voluntary Donations Up to 12 weeks withdrawal

City of Las Cruces®
PEOPLE HELPING PEOPLE

Medical

Blue Cross Blue Shield

PPO		
Coverage	Employee per Pay Period	City per Pay Period
Employee Only	$78.73	$112.47
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Dental

Delta Dental

Coverage	Employee per Pay Period	City per Pay Period
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Employee +Spouse (DP)	$9.27	$13.91
Employee + Child(ren)	$12.32	$18.48
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Vision

VSP – Vision Service Plan* (100% employee paid)

Coverage	Employee per Pay Period
Employee Only	$2.01
Employee +Spouse (DP)	$4.02
Employee + Child(ren)	$5.15
Family	$8.22

Life, Short-Term, & Long Term Disability

(Coverage for employee ONLY)

Coverage	Employee per Pay Period	City per Pay Period
Employee Basic Life	$0.00	$2.54
Short Term Disability	$9.83	$0.00
Long-Term Disability	***Rates vary based on age & salary*** (100% employee paid)	
Optional Term Life insurance-5 additional levels of life insurance.		

Dependent Life Insurance (100% employee paid)

Spouse Life	
Amount of coverage	Per Pay Period
$10,000	$ 1.02
$20,000	$ 2.03
$30,000	$ 3.05
$40,000	$ 4.06
$50,000	$ 5.08

Child Life	
Amount of coverage	Per Pay Period
$5,000	$ 0.40
$10,000	$ 0.80
$25,000	$ 2.00

Flexible Spending Account(s) – Pre-tax benefit; available for medical and/or dependent care expenditures as approved by the IRS.

Rates Effective 1.1.2015 – 12.31.2015

Voluntary Additional Life – AD&D

Eligibility Requirements	
Employee	• You must be insured for Basic Life through The Standard • You must be an active employee of the City of Las Cruces, New Mexico working at least 30 hours each week • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible • You cannot be insured as both an employee and a dependent
Dependent	• You must be enrolled in Basic Life insurance for yourself in order to elect Dependents Life insurance • Spouse means a person to whom you are legally married or your domestic partner as recognized by law • Child means your child from live birth through age 25 • Your child cannot be insured by more than one employee Your spouse or children must not be full-time member(s) of the armed forces
Premium	• You pay 100 percent of the premium for this coverage through easy payroll deduction

Premiums for additional Life Insurance are calculated based on salary and age up to five times your base pay.
Please go to www.las-cruces.org to locate life insurance calculator and detailed Information. Evidence of Insurability may be required.

Contact The Standard Life Insurance, Group# 156883
(800) 447-3146

TheStandard®

Basic Life, Short-Term, and Long-Term Disability

(Coverage for employee ONLY)

Coverage	Employee per Pay Period	City per Pay Period
Employee Basic Life ($50,000 – 100% Employer Paid)	$0.00	$2.54
Short Term Disability	$9.83	$0.00
Long-Term Disability	***Rates vary based on age & salary*** (100% employee paid)	

STD: 40% of Weekly Earnings up to 180 Days.

LTD: Starting at 181 Days 50% of Monthly Earnings up to a maximum of $5,000 per Month.

The Standard Life Insurance Group: #156883
(800) 447-3146

Voluntary Spouse and Child Life Insurance

Dependent Life Insurance (100% employee paid)

Spouse Life	
Amount of coverage	Per Pay Period
$10,000	$ 1.02
$20,000	$ 2.03
$30,000	$ 3.05
$40,000	$ 4.06
$50,000	$ 5.08

Child Life	
Amount of coverage	Per Pay Period
$5,000	$ 0.40
$10,000	$ 0.80
$25,000	$ 2.00

Please go to www.las-cruces.org to locate the life insurance calculator and detailed Information. Evidence of Insurability may be required.

Contact The Standard Life Insurance Group: #156883
(800) 447-3146

TheStandard®

Deferred Compensation - Save for Your Retirement with Pretax Dollars

Deferred compensation is an arrangement in which a portion of an employee's income is paid out at a later date after which the income was actually earned.

Examples of deferred compensation include pensions, retirement plans, and employee stock options. The primary benefit of most deferred compensation is the deferral of tax to the date(s) at which the employee actually receives the income.

Nationwide®
On Your Side®

Contact: Linda Miller
Group: #0037995001
(575) 520-2660

ICMA RC
Building Retirement Security

Contact: Geoffrey Hathhorn
Group: #300817
(505) 842-8610

City of Las Cruces®
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