

PERSONAL LEAVE TIME

Personal Leave Time (PLT) accrual is based on hours worked and accrues at the rates noted below. Maximum PLT bank may not exceed 350 hours. This benefit is used for all time taken off work including vacation, sick and holidays.

Length of Service	Accrual Rate/Hours Worked
1-5 Years (0 - 9,984 hours)	0.0917
6-10 Years (9,985 - 19,969 hours)	0.1188
10+ Years (19,970 hours and above)	0.143

Major Medical: Major Medical (MM) accrual is based on hours worked and accrues at the rate of 0.03 MM hours for every hour worked. Maximum MM bank may not exceed 480 hours. This benefit is designed to be used for extended illnesses which are certified in writing by the employee's health care provider.

Jury Duty: Employees are paid at their regular rate of pay for jury duty. Employees are responsible for endorsing jury duty compensation from government agencies and forwarding to Human Resources.

CUSTOMER SERVICE & OTHER IMPORTANT CONTACT NUMBERS

HUMAN RESOURCES BENEFIT CONTACT

Anita Lucero
Phone: (575) 751-5755; Email: anital@taoshospital.org

GIS Benefits, Inc.
www.gisbenefits.net

BLUE CROSS BLUE SHIELD OF NEW MEXICO

Medical - Blue Cross Blue Shield Customer Service (Group No.: 721600):
1-800-432-0750

Pre-Authorization- Medical: 1-800-325-8334

Blue Card Access- To find providers outside of NM: 1-800-810-2583

Pre-Authorization- Mental Health/Chemical Dependency: 1-888-898-0070
24/7 Nurse Line: 1-800-973-6329

Pharmacy Benefits - Prime Therapeutics: 1-800-821-4795
www.bcbsnm.com

PAYFLEX SYSTEMS USA, INC.

Flexible Spending Account: 1-844-729-3539 www.payflex.com

DELTA DENTAL OF NEW MEXICO

Dental - Delta Dental (Group No. 13229): 877-395-9420
www.deltadentalnm.com

BENEFIT SOURCE VSP

Vision - VSP (Group No. 30036309): 1-800-877-7195
www.vsp.com

RELIANCE STANDARD

1-800-351-7500

Voluntary Benefits: Critical Illness, Accident, and Hospital Indemnity
www.reliancestandard.com

LIFELOCK

Identity Theft Protection (Group No. E0006416) 1-800-607-9174

HEALTHCARE EAP

Employee Assistance Program - HealthCare EAP:
1-800-252-4555 or 1-800-225-2527
www.HealthCareEAP.com

RELIANCE STANDARD EMPLOYER PAID LIFE & DISABILITY BENEFITS

Employer Paid Life Insurance and AD&D

Taos Health Systems provides Life and Accidental Death and Dismemberment (AD&D) coverage for full-time employees. The benefit pays your beneficiary 1 times your annual earnings. Maximum limits apply. The AD&D provides an additional benefit if your death was accidental or if you have a dismembering injury. **This coverage is provided at no cost to regular full-time employees.**

Employer Paid Dependent Life is provided for spouse and child (ren). **The employee must provide the SSN and DOB of your spouse and/or dependents upon enrollment.** Spouse coverage is for \$2,000; coverage for child(ren) up to age 26 is \$1,000. **This coverage is provided at no cost to regular full-time employees.**

Employer Paid Long-Term Disability

Taos Health Systems provides full-time employees with a long-term disability benefit. Maximum limits apply. Benefits begin on the 91st day of disability and will continue to normal retirement age. **This coverage is provided at no cost to regular full-time employees.**

RELIANCE STANDARD VOLUNTARY LIFE & DISABILITY BENEFITS

Voluntary Life Insurance and AD&D

Taos Health Systems offers employees the opportunity to purchase additional life insurance in increments of \$10,000 up to a maximum of \$500,000, not to exceed 5X annual earnings. Evidence of Insurability will need to be submitted and approved for the purchase of amounts in excess of the Guarantee Issue amount of \$150,000.

Voluntary Dependent Life and AD&D

Taos Health Systems offers employees an opportunity to purchase Life and AD&D insurance for their spouse and child(ren). Dependent coverage cannot exceed 100% of the employee's amount. The employee must purchase voluntary coverage for themselves in order to purchase coverage for spouse and child(ren). Spouse coverage is available up to \$25,000 (guarantee issue) without evidence of insurability, or \$500,000 with evidence. Child coverage is available to a maximum of \$10,000.

Voluntary Short-Term Disability

Taos Health Systems offers employees an opportunity to purchase Short-Term Disability insurance. This coverage is for a benefit equal to 60% of your basic weekly earnings. Maximum limits apply. Benefits begin on the 15th day of disability and will continue for a maximum of 11 weeks.

RELIANCE STANDARD VOLUNTARY SUPPLEMENTAL BENEFITS

Taos Health Systems employees have the opportunity to purchase the following Voluntary Worksite Products which help offset the cost of non-medical costs associated with treatment:

Critical Illness— pays a lump sum benefit at diagnosis for covered critical illnesses

Hospital Indemnity- cash benefits that help cover the cost of treatment and wellness exam reimbursement

Accident- coverage on and off the job for individuals and family members who suffer covered accidents

HEALTHCARE EAP

Employee Assistance Program (EAP) 1-800-252-4555 or 1-800-225-2527

Through professional and confidential counseling and referrals, this program helps you and your family with personal and professional problems. All services are confidential. **This benefit is provided at no cost to all employees.**

OTHER TAOS HEALTH SYSTEMS BENEFITS

403(b) Retirement Plan

The 403B Retirement Plan is administered by VALIC Retirement Services Company/AIG.

Employees will be automatically enrolled to participate in the retirement plan pursuant to the terms of the plan document. Employees may opt out or make changes to their contributions at any time by going online: www.valic.com. THS will match an employee's contribution pursuant to the terms of the plan document.

THS contracts with the following **Independent** retirement plan consultant to monitor plan investment performance and plan compliance:

Jerome Pfeffer, AIF, CRC, LIFA
Investment Solutions Group, Inc.
LPL Financial
Direct: (505) 888-4015
Cell: (505) 250-1088
jerome.pfeffer@lpl.com

Employee Discounts

Once a year during their birthday month, employees will receive a 20% discount on the purchase of a single item from the Hospital gift shop.

The Hospital cafeteria provides discounted meals to employees.

Prepared for Taos Health Systems by
HUB International Insurance Services
505.828.4096 800.800.5661
Ailea Martinez
Rev. 11/08/2022



Benefit Choices 2023

Here at Taos Health Systems, we take our benefits program seriously. Not only do we try to provide you with quality benefit options, but THS absorbs a large portion of the cost for many of the benefits.

EMPLOYEES MUST ENROLL WITHIN 30 DAYS OF HIRE OR STATUS CHANGE

Who is Eligible?

Regular, full-time employees with an FTE of 0.7 (28 hours per week) through 1.0 (40 hours per week) are eligible for all benefits **starting on the first day of the month following their date of hire or date of change to eligible status.**

And, Regular, part-time employees with an FTE of 0.4 (16 hours per week) through 0.6 (24 hours per week) are eligible for benefits, excluding employer paid coverages, **starting on the first day of the month following their date of hire or date change to eligible status.**

Eligible employees may also enroll their dependents for some benefits. Dependents include:

- Legal spouse or domestic partner (affidavit must be filed with HR)
- Dependent children up to age 26

BLUE CROSS BLUE SHIELD NM MEDICAL BENEFITS

Taos Health Systems offers two medical plans through Blue Cross Blue Shield of New Mexico, both of which utilize a Preferred Provider Organization (PPO). The HSA offers a “Base” plan with a \$2,900 deductible and a PPO “Buy Up” Plan with a \$500 deductible. You can access the vast Blue Cross provider network state-wide with either PPO plan. In addition, the “BlueCard Program” ensures access to health care services for PPO members nationwide and in more than 170 countries and territories. There is no need to file claims for services received from Preferred Providers.

BLUE CROSS BLUE SHIELD NM

Plan	Base: HSA PPO \$3,000 Ded.			Buy-Up: PPO \$500 Ded.		
Coverage Description	At Taos Health Systems	In Network	Out of Network	At Taos Health Systems	In Network	Out of Network
Hospital Affiliation	Taos Health Systems Incentive Plan*	BCBS Contracted Providers	Any	Taos Health Systems Incentive Plan*	BCBS Contracted Providers	Any
Deductible	Calendar Year			Calendar Year		
Individual	\$3,000		\$3,000	\$500	\$1,500	\$3,000
Family (EE + 1 or more)	\$5,150		\$5,150	\$1,000	\$3,000	\$6,000
Coinsurance (Most Services)	10%	25%	40%	10%	25%	40%
Calendar Year Out of Pocket Max	Includes Deductible, Coinsurance, Prescription Drugs			Includes Deductible, Coinsurance, Copays, Prescription Drugs		
Individual	\$5,000	\$6,500	\$10,000	\$3,000	\$5,000	\$10,000
Family (EE + 1 or more)	\$10,000	\$13,000	\$20,000	\$6,000	\$10,000	\$20,000
Annual Calendar Year Maximum	Unlimited			Unlimited		

Benefit Copays						
Office Visit (PCP/Specialist)	10% after deductible	25% after deductible	40% after deductible	\$25 (deductible waived) PCP & Specialist	\$35 (deductible waived) PCP \$50 (deductible waived) Specialist	40% after deductible
Routine/Preventive	No Charge		40% after deductible	No Charge		Not Covered
Community Wellness Benefit	10% after deductible	N/A	N/A	\$25 (deductible waived)	N/A	N/A
Urgent Care	NA	25% after deductible	40% after deductible	N/A	\$50 (deductible waived)	40% after deductible
Emergency Room	10% after deductible	20% after deductible	20% after deductible	\$150 (deductible waived)	\$300 (deductible waived)	\$300 (deductible waived)
Outpatient Surgery	10% after deductible	25% after deductible	40% after deductible	10% after deductible	25% after deductible	40% after deductible
Lab & X-Ray	10% after deductible	25% after deductible	40% after deductible	10% (deductible waived)	25% (deductible waived)	40% after deductible
MRI/PET/CT Scans	10% after deductible	25% after deductible	40% after deductible	10% (deductible waived)	20% after deductible	40% after deductible
Hospitalization	10% after deductible	25% after deductible	40% after deductible	10% after deductible	25% after deductible and add'l \$500 copay per admission	40% after deductible and add'l \$500 copay per admission
Acupuncture Treatment	N/A	25% after deductible	40% after deductible	N/A	25% after deductible	40% after deductible

Prescription Drug Copays Participant will be responsible for the difference in retail price at the Non-Participating Pharmacy and the discounted price for the same drug at a Participating Pharmacy. **THIS is using the Performance Select Rx Formulary Drug List see HR/BCBS SBC for more details.**

Retail	(30 day supply)		(30 day supply)	
Generic Drug	20% after deductible	In-Network Pharmacy Only	10% (deductible waived)	
Formulary Brand Name Drug	40% after deductible		20% (deductible waived)	
Non Formulary Brand Name Drug	50% after deductible		25% (deductible waived)	
Specialty Drugs	50% after deductible		25% up to \$500 Copay per Rx	

Maintenance Prescription Drugs	(90 day supply)		(90 day supply)	
Retail Mail Order	20% after deductible 40% after deductible	In-Network Pharmacy Only	10%/20%/25% (deductible waived)	
			In-Network Pharmacy Only	

Identity Theft thru Experian BCBSNM is making these services available to THS members to give some peace of mind, and are intended to protect health and personal information. Provided by Experian at no cost to you, these services complement the security and data protection measures BCBSNM now has in place. Coverage is not automatic, you must enroll by calling 866-926-9803 or by logging on Blue Access for Members. (look for Identity Protection Program under Quick Links)

Certain services will NOT be covered if no prior authorization. All inpatient admissions and certain outpatient procedures. A \$300 Copay penalty will be required for all other services requiring prior authorization if not obtained. Please see benefit booklet for details. **Pre-Authorization Requirements: 1-800-325-8334**

BENEFIT DEFINITIONS

Copayment: The fixed dollar amount that you are responsible to pay the provider/facility at the time of service. Such as PCP/Specialist Visit, Urgent Care and Emergency Room.

Deductible: The fixed dollar amount that you must pay toward a claim/cost of service, before your health plan begins to pay their share. Please refer to the Summary of Benefits to see which services the deductible applies to.

Coinsurance: For some services that are subject to the deductible, you must pay a percentage of the remaining balance after your deductible has been met.

Out-of-Pocket Maximum: The maximum amount of out-of-pocket expenses you will pay for covered services in the year.

*Includes a limited number of local providers

DISCLAIMER: This brochure has been prepared for you to use as an “at a glance” reference to your benefits. It is not intended to be a coverage document and is not a complete summary of benefits. In all cases, only the official plan documents control the administration and operation of the plans. This brochure does not constitute a contract of employment. Please contact Human Resources for more details.

**Medical for Employees
Per Pay Period - 26 Pay Periods Per Year**

56-80 hours per pay period:	Base/HSA PPO	Buy-up PPO
Employee Only	\$67.38	\$90.84
Employee + One	\$134.76	\$186.01
Employee + Family	\$174.36	\$235.07
32-55 hours per pay period:	Base/HSA PPO	Buy-up PPO
Employee Only	\$121.29	\$162.15
Employee + One	\$231.56	\$327.04
Employee + Family	\$355.70	\$483.15

PAYFLEX

FLEXIBLE SPENDING ACCOUNTS (FSA)

Taos Health Systems’ flexible spending benefit allows you to put aside pre-tax dollars for un-reimbursed healthcare expenses (**\$3,050 maximum**), or dependent care expenses (**\$5,000 maximum**). As you incur expenses throughout the year, you will be permitted to use your pre-tax dollars to pay for these expenses.

**DELTA DENTAL OF NEW MEXICO
VOLUNTARY DENTAL BENEFITS**

Taos Health Systems offers a comprehensive dental plan administered by Delta Dental of NM. You may visit the provider of your choice; however, if you use a Delta PPO or Premier providers, your out-of-pocket costs will be less than going out of network. Non-Network providers may charge more than the usual and customary charges, and you may face the possibility of being balance-billed directly from the dentist(s). Charges are reimbursed based on in-plan provider fees.

Voluntary Dental Benefit Highlights

Member Coinsurance		
Calendar Year	In-Network	Out-Network
Preventive Services	\$0 Deductible 0% Coins.	
Basic Services	\$50 Deductible 20% Coins.	
Major Services	\$50 Deductible 50% Coins.	
Calendar Year Maximum	\$1,500	
Preventive Care Security	Diagnostic & Preventive Services will not reduce your Annual Maximum Benefit	
Orthodontia Services Child Only (up to 19 years old)	\$0 Deductible 50% Coins.	
	Lifetime Max for Ortho Per Person - \$1,000	

**Voluntary Dental for Employees
Per Pay Period - 26 Pay Periods Per Year**

Employee Only	\$13.82
Employee + One	\$27.12
Employee + Family	\$47.34

**BENEFIT SOURCE VSP
VOLUNTARY VISION BENEFITS**

Taos Health Systems offers a comprehensive vision program through VSP. Using a VSP In-Network provider will allow you to maximize your benefits and limit your out-of-pocket costs.

Voluntary Vision Benefit Highlights

Coverage from a VSP Signature Provider

Annual Vision Exam focuses on your eye health and overall well-ness.....every 12 months
- \$10 Annual Deductible for exam

Prescription Glasses:
\$25 Annual Deductible on Materials

Lenses.....every 12 months
- Single vision, lined bifocal & lined trifocal lenses, lenticular - Covered in Full

Frame.....every 12 months
- \$120 Allowance for frame of your choice
- 20% off amount over your allowance

~OR~

Contact Lens Care.....every 12 months
- Necessary: Covered in Full
- Elective: \$120 materials allowance
\$60 maximum copay for exam & fitting

Non-VSP Provider Reimbursement Amount¹

Exam.....\$50
Single Vision Lenses.....\$50
Lined Bifocal Lenses.....\$75
Lined Trifocal Lenses.....\$100
Lenticular Lenses.....\$125
Frame.....\$70

Contacts:
Necessary.....\$210
Elective.....\$105

¹Patient pays and is reimbursed for the set amount, patient is responsible for remainder.

For a current list of network providers, please visit www.vsp.com or call Member Customer Service at 800-877-7195

**Voluntary Vision for Employees
Per Pay Period - 26 Pay Periods Per Year**

EE Only	\$5.56
EE + One	\$8.06
EE + Family	\$14.45

LIFELOCK

IDENTITY THEFT BENEFITS

Employees may purchase identity theft protection for themselves and their family members. Benefits include reimbursement for stolen funds and coverage for personal expenses. Two Levels of Coverage are available:

ID Theft Per Pay Period	Elite	Ultimate Plus
Employee Only	\$3.92	\$6.46
Employee + Family	\$7.84	\$12.91