

2016 Benefit Summary



To Serve

We put the needs of others before our own.

Excellence

We strive to exceed expectations and/or standards in every activity, every encounter, and every initiative.

Safety/Quality

We provide evidence-based care, programs, services, and an environment that achieves the best outcomes.

Teamwork

We enjoy the ability and power to work collaboratively to deliver exceptional service.

Integrity

Our words and actions match our values.

Benefits Overview

Who is Eligible?

You are eligible for benefits if your status is classified as a full-time employee working 30 or more hours per week or a part-time employee working 20–29 hours per week and have completed the required waiting periods. When you become eligible, your dependents can also receive benefits. Your dependents include:

- » Spouse
- » Domestic Partners (same sex and opposite sex)—Affidavit required
- » Children up to age 26
- » Legally adopted children or a child for whom you and your spouse are awarded legal guardianship
- » Any child for whom you are required to provide medical coverage under a Qualified Medical Child Support Order

When am I Eligible?

- » First of month following date of hire
- » Qualifying event: A qualified change in status such as, but not limited to, marriage, loss of coverage, birth or adoption of a child, or divorce. If you have a qualifying event, you may make certain changes to benefit elections WITHIN 31 DAYS of the event. It is the employee's responsibility to contact the Human Resources Department at the time of such a life event.



This document is an outline of the coverage offered by the employer and carrier(s). It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language, nor is it meant to replace or supersede the employer's personnel manual. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request. Sandoval Regional Medical Center reserves the right to terminate, suspend, discontinue, or amend any of the provisions or plans at any time and for any reason.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

Medical Benefits— HMO Network

Administered by Blue Cross and Blue Shield of New Mexico

We recognize that medical benefits are important to our employees, so UNM Sandoval Medical Center, Inc.'s medical plan provides comprehensive coverage for you and your family. The medical plan, administered by BCBSNM, offers three network options. There are significant savings for utilizing the SRMC/UNMH Network. For a full plan description see Summary of Benefits.

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through UNM Sandoval Medical Center, Inc.

	HMO—Standard Network SRMC/UNMH Network	HMO—Extended Network BCBS Network	HMO—Out-of-Network Services
Lifetime Benefit Maximum	N/A	N/A	N/A
Annual Deductible	\$750 Individual/ \$2,250 Family	\$750 Individual/ \$2,250 Family	\$1,750 Individual/ \$3,500 Family
Annual Out-of-Pocket Maximum	\$3,000 Individual/ \$6,000 Family	\$4,000 Individual/ \$8,000 Family	\$5,500 Individual/ \$11,000 Family
Coinsurance	10%	20%	40%
Office Visits (PCP/ Specialist)	\$15/ \$30	\$25/ \$50	40%
Wellness Care (routine exams, x-rays/tests, immunizations, well baby care and mammograms)	No Charge Plan pays 100%	No Charge Plan pays 100%	Not Covered
Emergency Room (waived if admitted)	\$150 per visit	\$150 per visit	\$150 per visit
Urgent Care	\$75 per visit	\$100 per visit	40%
Inpatient Hospital	10% after deductible is met	20% after deductible is met	40% after deductible is met
Outpatient Surgery	10% after deductible is met	20% after deductible is met	40% after deductible is met
Ambulance Service	Ground \$75 or Air \$125	Ground \$75 or Air \$125	Ground \$75 or Air \$125
Lab & X-Ray	10% \$500 annual out of pocket max	20% \$500 annual out of pocket max	40% after deductible is met
MRI	\$100 copay	\$200 copay	40% after deductible is met
Maternity Services	\$15 (or \$30 specialist) per visit	\$25 (or \$50 specialist) per visit	40%
All other maternity hospital/physician services	10%	20%	40%
Physical, Occupational and Speech Therapy Services	\$30 per visit	\$50 per visit	40%
Mental Health/Substance Abuse Outpatient Services	\$15 per visit	\$25 per visit	40%

	HMO—Standard Network SRMC/UNMH Network	HMO—Extended Network BCBS Network	HMO—Out-of-Network Services
Prescription Drugs			
Retail—Generic Drug (30-day supply)	\$10		Not covered
Retail—Brand Name Drug on Drug List (30-day supply)	\$25		Not covered
Retail—Drug not on Drug List (30-day supply)	\$40		Not covered
Mail Order—Generic Drug (90-day supply)	\$20		Not covered
Mail Order—Brand Name Drug on Drug List (90-day supply)	\$50		Not covered
Mail Order—Drug not on Drug List (90-day supply)	\$80		Not covered

Medical Benefits—PPO Network HDHP with HSA

Administered by Blue Cross and Blue Shield of New Mexico

The plan shown below is a High Deductible Health Plan (HDHP) which is designed to be coupled with SRMC's Health Savings Account (HSA). This HSA allows you to put money aside to pay for eligible medical care expenses with tax-free dollars. Details on the HSA can be found on the following page. For a full plan description see the Summary of Benefits.

	Preferred Provider	Non-preferred Provider
Deductible	\$1,500 Individual/ \$3,000 Family	\$5,200 Individual/ \$10,400 Family
Out-of-Pocket Maximum	\$4,000 Individual/ \$8,000 Family	\$11,400 Individual/ \$20,800 Family
Primary Care Office Visit	10% coinsurance (after deductible is met)	40% coinsurance (after deductible is met)
Specialist Office Visit	10% coinsurance (after deductible is met)	40% coinsurance (after deductible is met)
Preventive	No charge	No charge
Urgent Care	10% coinsurance(after deductible is met)	40% coinsurance (after deductible is met)
Emergency Room	10% coinsurance(after deductible is met)	40% coinsurance(after deductible is met)
Ambulance	10% coinsurance(after deductible is met)	40% coinsurance (after deductible is met)
Lab and X-ray	10% coinsurance(after deductible is met)	40% coinsurance (after deductible is met)
MRI	10% coinsurance(after deductible is met)	40% coinsurance (after deductible is met)
PET, CAT Scans	10% coinsurance(after deductible is met)	40% coinsurance (after deductible is met)
In-Patient Hospital	10% coinsurance(after deductible is met)	40% coinsurance (after deductible is met)
Out-Patient Hospital	10% coinsurance(after deductible is met)	40% coinsurance (after deductible is met)
Plan pays 100% after Out-of-Pocket Maximum has been met		
Pharmacy		
	10% coinsurance (after deductible is met)	Not Covered

Health Savings Account

Employees who select the High Deductible Health Plan (HDHP) may contribute to a Health Savings Account (HSA). HSAs give you a valuable tax break. They allow you to pay for certain expenses with pretax dollars and your unused contributions can be rolled over from year to year. The HSA allows you to retain control and make choices about how to spend your healthcare dollars.

Coverage Level	SRMC's Annual Contribution to Your HSA		Annual IRS Contribution Limit*
	Annual	Per Paycheck	
Employee	\$750 annual	\$31.25 (24 periods)	\$3,350
Employee + Spouse	\$1,500 annual	\$62.50 (24 periods)	\$6,750
Employee + Child(ren)	\$1,500 annual	\$62.50 (24 periods)	
Family	\$1,500 annual	\$62.50 (24 periods)	

*Contribution Limits are set by the IRS and include SRMC's contribution.

Advantages of an HSA

Tax Savings

- » Tax Free—Pay for qualified medical expenses
- » Tax free—Interest and investment earnings
- » Pretax—Contributions

Long-term Savings

- » Save for future medical needs
- » Unused balances roll over tax free from year to year

Eligible HSA Expenses

HSAs offer great flexibility—you can use your HSA funds to pay for:

- » Your eligible healthcare expenses
- » Your spouse's eligible healthcare expenses, whether or not he or she is enrolled in the High Deductible Health Plan
- » Your dependent's eligible healthcare expenses, whether or not he or she is enrolled in the High Deductible Health Plan
- » Dental treatment
- » Optometrist
- » COBRA premiums

Dental Benefits—PPO Network

Administered by Blue Cross and Blue Shield of New Mexico

Regular, professional dental care is not only essential to good health, it can also prevent the need for serious surgeries and other procedures to teeth and gums. SRMC offers the choice of two comprehensive dental insurance programs through BCBSNM. With these plans you can visit any licensed dentist in the United States, although your out-of-pocket costs will generally be lower if you see a dentist who participates in the BCBS network.

	Low Option-PPO	High Option-PPO
Annual Deductible	\$25 Individual/ \$75 Family	\$50 Individual/ \$150 Family
Annual Benefit Maximum	\$1,000	\$2,500
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	50% after deductible is met	15% after deductible is met
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	50% after deductible is met	50% after deductible is met
Orthodontia Services (dependents and adults)	Not Covered	50% Lifetime maximum: \$3,000

Voluntary Vision Insurance

Administered by VSP

Vision is every bit as important as taking care of the rest of your health. Annual eye exams, vision correction and protective eyewear, when needed, will help preserve your eyesight.

Vision care services are available through VSP. With this program, you are covered for eye exams and lenses every 12 months and frames every 24 months—simply make your copayment at the time of service.

The plan offers discounts on additional vision care services you may use—such as purchasing contacts or eyeglasses—at participating retailers.

Your coverage from a VSP doctor

	In-Network (any VSP provider)	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam —once every 12 months	\$10 copay	Up to \$45
Lenses —once every 12 months	\$25 copay (single vision, lined bifocal, lined trifocal)	Up to \$30 or up to \$65 (depending on lens type)
Frames —once every 24 months	\$130 allowance + 20% discount on balance over \$130	Up to \$70
Elective Contact Lenses —once every 12 months if you elect contacts instead of lenses/frames	Contact Lens Exam and Fitting: \$60 maximum copay Materials: up to \$130 allowance	Professional fees/ materials: up to \$105

No need for an ID card. To take advantage of your VSP vision benefit, simply contact a VSP provider and let them know you have VSP coverage—they handle the paperwork for you.



Life Insurance

Insured by The Standard

SRMC provides eligible employees a Basic Life and Accidental Death and Dismemberment (AD&D) coverage through The Standard. Eligible employees are automatically enrolled in Basic Life and AD&D coverage at no cost. Employees can also purchase Additional Life & AD&D Insurance for themselves and their eligible dependents. Dependent upon the employee's Benefit Eligibility Status.

Life/AD&D Benefits—SRMC-paid

Regular Employees: 1 times annual base salary up to a maximum of \$300,000

Additional Life and AD&D Insurance

Insured by The Standard

In addition to the company-provided basic life and AD&D insurance, you have the option to purchase additional life insurance for yourself, your spouse/domestic partner and your child(ren). How much life insurance you need depends on your circumstances—such as whether you are married and have children, whether you will need to pay off a mortgage or debts, and whether you will need to provide funds for the care or education of dependents.

Employee—You may elect in \$10,000 increments up to \$500,000 maximum, not to exceed five times your annual earnings.

Spouse—You may elect in \$10,000 increments up to \$250,000 maximum. (spouse amount may not exceed 100% of employee amount).

Child(ren)—You may elect up to \$20,000.

Please note the life insurance company may require you to show proof of good health known as Evidence of Insurability (EOI) when you choose certain coverage amounts. You will be notified if you need to provide EOI.

Please note Additional Life rates are based on five-year age bands. Beginning with your birthday in 2016, if you move into a new age band your rate will change the 1st of the month following your birth month.

Long-Term Disability

Administered by The Standard

Disability benefits can continue your income when you need it most. If you are unable to work for medical reasons or due to a non-work related injury, disability benefits will replace a portion of your pay for a certain period of time. SRMC is proud to offer Long-Term Disability, provided by The Standard, at no cost to you. Long-Term Disability benefits will pay 60% of your monthly earnings up to \$8,500 after 180 days of disability.

Employee Assistance Program

Administered by The Standard

You and your immediate family members can take advantage of a confidential, company-paid Employee Assistance Program (EAP) that helps you handle personal, home, work, and/or family issues. SRMC covers the cost for the first six face-to-face (or telephonic) sessions.

The EAP may be helpful for the following issues:

- » Emotional distress such as depression or anxiety
- » Grief/loss issues
- » Substance abuse
- » Change and stress management
- » Wellness
- » Legal Consultations
- » Financial Consultations
- » Other personal issues or concerns an employee or family member may be facing

Assistance is available 24 hours a day, 7 days a week, 365 days a year at [877.851.1631](tel:877.851.1631) or www.eapbda.com (username: **standard6** | password: **eap4u6**).



Paid Time Off (PTO)

Employees in benefitted positions of .5 FTE or more per week are eligible for PTO. PTO hours will be accrued starting with the first day of employment and available days may be taken after successful completion of the 90-day introductory period with the Department Director's approval. PTO hours shall be used for vacation, holidays, and sick time. In most cases, PTO will be subtracted from the employee's PTO bank to make up any differences between hours worked and the employee's regular budgeted hours.

Full-time employees will accrue PTO each pay period and may use PTO time only for regularly scheduled hours. Part-time employees accrue PTO at the same rate as full-time employees proportionally based upon the number of hours worked, and may use PTO time only for regularly scheduled hours.

Paid Time Off		
Years of Service	Hours Accrued Annually**	SRMC-observed holidays
0-7	288 hours	9 days
7+	328 hours	9 days

* Accruals for part-time employees will be pro-rated

** Maximum accrual of 500 hours

Paid Holidays

SRMC will recognize 9 holidays. The holidays are part of the PTO bank accruals. Recognized holidays for SRMC are:

- » New Year's Day
- » Martin Luther King Day
- » Memorial Day
- » Independence Day
- » Labor Day
- » Thanksgiving Day
- » The Day after Thanksgiving
- » Christmas Eve
- » Christmas Day

Jury Duty Pay

Jury Duty Pay is available for full-time and part-time employees in benefitted positions of .5 FTE or more who have completed the 90-day introductory period. Jury Duty is paid at the employee's base rate of pay with the Jury Duty allowance paid by the court returned to SRMC. Travel, meal or lodging expenses are not included.

Bereavement Leave Pay

Bereavement Leave allows full-time and part-time employees in benefitted positions of .5 FTE or more who have completed the 90-day introductory period, three (3) paid days off when a death has occurred in the immediate family. Immediate family will be defined in the Human Resource Manual.

Voluntary Retirement Savings Plan

SRMC provides a flexible contribution retirement plan. Employees are eligible to participate in the 403(b) plan immediately upon hiring. Employees may contribute up to 100% of their salary on a Traditional (pretax) or Roth (after-tax) basis up to the IRS annual limits. Rollovers into the plan are allowed at any time. After one year of employment, SRMC will make up to a 6% dollar for dollar matching contribution at the end of each pay period. PRN (Pool) employees may contribute to the plan, but are not eligible for the employer match. Employees may increase or decrease the amount they are contributing at any time. There is a five year vesting schedule for the employer contributions to the plan on behalf of the employee.

Vesting Schedule	
Employee Contributions	100% Immediately

Employer Discretionary Company Match	Years of Service	Percentage
	Less than 1	0
	1	20
	2	40
	3	60
	4	80
5+	100	

Workers Compensation Insurance

All employees are covered by Workers Compensation while on the job. Work related and on-the-job injuries must be reported to the employee's supervisor within 24 hours of the injury. This documentation will benefit in expediting the claims process.

Education Development

SRMC provides ongoing education programs for all staff. Classes are scheduled monthly, quarterly, biannually and annually. Programs are also available to cover all reasonable costs associated with workshops, courses, and other types of educational programs that are judged by the employee's respective Vice President to be both work related and of direct or potential benefit to SRMC.

Tuition reimbursement may also be available for job related course work after 1 year of employment, up to a maximum of \$5,500 annually for college credit courses. Full-time employees are eligible for up to 24 credit hours per year.

Employee pays tuition first, and will be reimbursed upon achieving a grade of 'B' or better. Employees who receive tuition reimbursement will sign an education agreement for a specified period of time. More details available in Human Resources.



Employee Contributions for Benefits—Per Pay Period (24 periods)

Sandoval Regional Medical Center offers a Wellness Discount to its employees who participate in the biometric screening. If an employee participates in the biometric screening, he or she will receive a \$25 discount off his or her monthly rates. If an employee AND their spouse participate, then the monthly discount is raised to \$50 per month.

Medical Coverage—Full-time (24 periods)

Benefit Plan	You Pay No Health Screening	You Pay Employee Health Screening	You Pay Employee + Spouse Health Screening
HMO Plan			
Employee	\$65.00	\$52.50	*****
Employee + Spouse	\$310.00	\$297.50	\$285.00
Employee + Children	\$164.00	\$151.50	*****
Family	\$365.00	\$352.50	\$340.00
HDHP Plan			
Employee	\$39.00	\$26.50	*****
Employee + Spouse	\$221.50	\$209.00	\$196.50
Employee + Children	\$97.50	\$85.00	*****
Family	\$242.00	\$229.50	\$217.00

Medical Coverage—Part-time (24 periods)

Benefit Plan	You Pay	You Pay	You Pay
HMO Plan			
Employee	\$194.69	\$182.19	*****
Employee + Spouse	\$488.31	\$475.81	\$463.31
Employee + Children	\$385.18	\$372.68	*****
Family	\$687.21	\$674.71	\$662.21
HSA Plan			
Employee	\$140.00	\$127.50	*****
Employee + Spouse	\$350.00	\$337.50	\$325.00
Employee + Children	\$276.00	\$263.50	*****
Family	\$492.00	\$479.50	\$467.00

Dental Coverage (24 periods)

Benefit Plan	Full-time	Part-time
	You Pay	You Pay
Low Option – PPO Network		
Employee	\$2.50	\$11.00
Employee + Spouse	\$7.50	\$20.00
Employee + Children	\$10.50	\$22.00
Family	\$12.50	\$35.00
High Option – PPO Network		
Employee	\$5.00	\$18.00
Employee + Spouse	\$15.00	\$34.00
Employee + Children	\$20.00	\$36.00
Family	\$25.00	\$59.00

Voluntary Vision Coverage

	You Pay
Employee	\$3.98
Employee + Spouse	\$6.37
Employee + Children	\$6.51
Family	\$10.49

Additional Life/AD&D

100% employee paid. Please see HR for rates.

Contact Information

If you have specific questions about any of the benefit plans, please contact the administrator listed below, or your local human resources department.

Benefit	Administrator	Phone	Website/Email	Other
Medical	BCBSNM	800.423.1630	Find a Doctor or Hospital Member Portal: www.bcbsnm.com	
Dental	BCBSNM	877.723.5697	www.bcbsnm.com/bcbs/ search	
Life and AD&D Insurance	The Standard	800.351.7500	www.thestandard.com	
Long-Term Disability	The Standard	800.351.7500	www.thestandard.com	
Voluntary Vision	VSP	800.877.7195	www.vsp.com	
Voluntary Life and AD&D Insurance	The Standard	800.351.7500	www.thestandard.com	
Short-Term Disability	The Standard	800.351.7500	www.thestandard.com	
Employee Assistance Program	The Standard	877.851.1631	www.eapbda.com	Username: standard6 Password: eap4u6
Human Resources	Diane Garduno	505.994.7417	dgarduno@srmc.unm.edu	



This benefit summary prepared by

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